

Willie Lee Mathis (Debtor)  
Evelyn E. Mathis (Debtor)  
75 S Harrison Street  
East Orange, NJ 07018  
862-704-4949

U.S. BANKRUPTCY COURT  
FILED  
NEWARK, NJ

2019 AUG 14 AM 11:41

United States Bankruptcy Court  
District of New Jersey  
Newark, Vicinage

In Re:  
Marie-Ann Greenberg, MAG-1284  
Marie-Ann Greenberg, Standing Trustee  
Suite 330  
Fairfield, NJ 07004  
973-227-2840  
Chapter 13 Standing Trustee

JEANNE A. NAUGHTON

Chapter 13 Case No: 18-33158 JKS

BY: *[Signature]*  
DEPUTY CLERK

Hearing Date: 08/22/2019 at 10:00 am

### Opposing to Motion to dismiss petition

I Willie & Evelyn Mathis received a letter form the court stating the dismissal of our petition from Marie Ann Greenberg Standing Trustee. It states that we did not file the proper income returns and as required by 11 U.S.C Section 1308 in violation of 11 U.S.C. Section 1325(a)(9).

So in pursuant to section 1307(a)(5), the Trustee recommends dismissing the Chapter 13 Petition.

I Willie & Evelyn Mathis File all the years stated but there are a few discrepancies on the part of the IRS  
The IRS filed an estimated 2016 , 2017 priority claim in the amount of \$14,476.76 and an estimated 2012, 2013, 2014 unsecured claim for \$4267.32

Lets start with 2012

I Willie Mathis Filed 2012 married but filed separately this was under my business profit & lost \$0 exhibit

(A) and Evelyn Filed 2012 married but filed separately refund issued \$1306.00 exhibit (B)

I Willie Mathis Filed 2013 married but filed separately this was also my business profit and lost \$0 we close down store that year exhibit ( C) and Evelyn Mathis Filed 2013 married but filed separately refund issued \$617.00 exhibit (D)

I Willie Mathis did not file a tax return for 2014 because I was not working my business was close in 2013  
And Evelyn Mathis Filed taxes married but filed separately owed \$1989.00 exhibit (E)

I Willie & Evelyn Mathis Filed 2016 taxes married filed joint owed \$2229.00 exhibit (F) but the IRS stated that non-filling of return so we submitted it again.

I Willie Mathis Filed 2017 taxes married filed separately refund of \$138.00 exhibit (G)

And Evelyn Mathis Filed 2017 taxes married filed separately owed \$643.00 exhibit (H)

On my taxes Willie the IRS rejected my return because it was the wrong AGI amount I put in so they told me to mail it in which I did.

When Evelyn and myself filed bankruptcy we filed out form 106E/F we put the taxes on that sheet exhibit (I)  
We are in the process of making payment arrangement with the IRS.

I Willie & Evelyn Mathis have filed all our taxes and the amount are not what the IRS is estimating it is.  
We are trying are hardest to pay our debt back. This is the way that works for us in bankruptcy reorganization  
This is why we are opposing to the motion to dismiss petition.

*Willie Mathis*

Willie Lee Mathis

X *Evelyn Mathis*

Evelyn E. Mathis

*8/14/19*  
Date

*8/14/19*  
Date

Case 18-33158-JKS Document 53 Page 28 of 80

**Internal Revenue Service**  
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 08-10-2019  
Response Date: 08-10-2019  
Tracking Number: 100463580061Tax 2012  
Mommy's Sweet Shop

Sup.

exhibit (A)

## Account Transcript

FORM NUMBER: 1040

TAX PERIOD: Dec. 31, 2012

TAXPAYER IDENTIFICATION NUMBER: XXX-XX-5931  
SPOUSE TAXPAYER IDENTIFICATION NUMBER: XXX-XX-1676

WILL MATH

--- ANY MINUS SIGN SHOWN BELOW SIGNIFIES A CREDIT AMOUNT ---

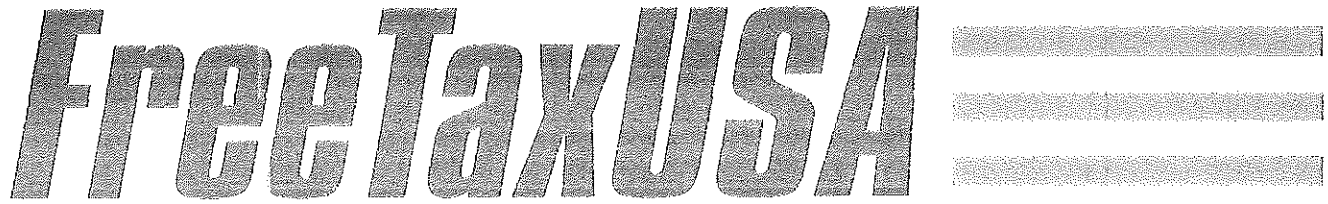
ACCOUNT BALANCE: 0.00  
ACCRUED INTEREST: 0.00 AS OF: Aug. 05, 2019  
ACCRUED PENALTY: 0.00 AS OF: Aug. 05, 2019ACCOUNT BALANCE  
PLUS ACCRUALS  
(this is not a  
payoff amount): 0.00

\*\* INFORMATION FROM THE RETURN OR AS ADJUSTED \*\*

EXEMPTIONS: 00  
FILING STATUS: Married Filing Separate  
ADJUSTED GROSS  
INCOME:  
TAXABLE INCOME:  
TAX PER RETURN:  
SE TAXABLE INCOME  
TAXPAYER:  
SE TAXABLE INCOME  
SPOUSE:  
TOTAL SELF  
EMPLOYMENT TAX:  
RETURN NOT PRESENT FOR THIS ACCOUNT

CODE	EXPLANATION OF TRANSACTION	TRANSACTIONS CYCLE	DATE	AMOUNT
	No tax return filed			
971	Withholding allowances limited - letter sent to employer		04-19-2012	\$0.00
520	Bankruptcy or other legal action filed		11-26-2018	\$0.00

This Product Contains Sensitive Taxpayer Data



# 2012 Income Tax Return

## Federal Return

Thank you for using  
FreeTaxUSA.com to prepare your  
2012 income tax return.

You can view the status of your e-filed tax return by  
logging into your account at [www.freetaxusa.com](http://www.freetaxusa.com).

2013 tax preparation on FreeTaxUSA.com will be  
available starting in January of 2014.

We look forward to preparing your 2013 tax return.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.  
CDA

Form 1040 (2012) WILLIE MATHIS 137-72-5931 Page 2

<b>Tax and Credits</b>	38	Amount from line 37 (adjusted gross income)	38	-28,508.
	39a	Check <input type="checkbox"/> You were born before January 2, 1948, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1948, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
<b>Standard Deduction for—</b>	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	5,950.
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	41	Subtract line 40 from line 38	41	-34,458.
• All others: Single or Married filing separately, \$5,950 Married filing jointly or Qualifying widow(er), \$11,900 Head of household, \$8,700	42	Exemptions. Multiply \$3,800 by the number on line 6d.	42	3,800.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0.
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election	44	0.
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Add lines 44 and 45	46	0.
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child and dependent care expenses. Attach Form 2441	48	
	49	Education credits from Form 8863, line 19	49	
	50	Retirement savings contributions credit. Attach Form 8880	50	
	51	Child tax credit. Attach Schedule 8812, if required	51	
	52	Residential energy credits. Attach Form 5695	52	
	53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
	54	Add lines 47 through 53. These are your total credits	54	0.
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	0.
<b>Other Taxes</b>	56	Self-employment tax. Attach Schedule SE	56	
	57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59a	Household employment taxes from Schedule H	59a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
	60	Other taxes. Enter code(s) from instructions	60	
	61	Add lines 56 through 60. This is your total tax	61	
<b>Payments</b>	62	Federal income tax withheld from Forms W-2 and 1099	62	
	63	2012 estimated tax payments and amount applied from 2011 return	63	
If you have a qualifying child, attach Schedule EIC.	64a	Earned income credit (EIC) NO.	64a	
	b	Nontaxable combat pay election 64b		
	65	Additional child tax credit. Attach Schedule 8812	65	
	66	American opportunity credit from Form 8863, line 8	66	
	67	Reserved	67	
	68	Amount paid with request for extension to file	68	
	69	Excess social security and tier 1 RRTA tax withheld	69	
	70	Credit for federal tax on fuels. Attach Form 4136	70	
	71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	0.
<b>Refund</b>	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> 74a		
Direct deposit? See instructions.	b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account number		
	75	Amount of line 73 you want applied to your 2013 estimated tax	75	
<b>Amount You Owe</b>	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	0.
	77	Estimated tax penalty (see instructions)	77	

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below. ☒ No

<b>Third Party Designee</b>	Designee's name	Phone no.	Personal identification number (PIN)
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation
			Daytime phone number
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
		SELF-PREPARED	
	Firm's name	Firm's EIN	Check <input type="checkbox"/> if self-employed
	Firm's address	Phone no.	PTIN

## 2012

CDA

## Schedule C (Form 1040) 2012



# Internal Revenue Service

United States Department of the Treasury

Separate  
exhibit (B)

This Product Contains Sensitive Taxpayer Data

Request Date: 08-14-2018  
Response Date: 08-14-2018  
Tracking Number: 100403416005

## Account Transcript

FORM NUMBER: 1040

TAX PERIOD: Dec. 31, 2012

TAXPAYER IDENTIFICATION NUMBER: 146-70-1676  
SPOUSE TAXPAYER IDENTIFICATION NUMBER: 137-72-5931

EVELYN E MATHIS

--- ANY MINUS SIGN SHOWN BELOW SIGNIFIES A CREDIT AMOUNT ---

ACCOUNT BALANCE:	0.00	
ACCRUED INTEREST:	0.00	AS OF: Mar. 24, 2014
ACCRUED PENALTY:	0.00	AS OF: Mar. 24, 2014

ACCOUNT BALANCE  
PLUS ACCRUALS  
(this is not a  
payoff amount): 0.00

## \*\* INFORMATION FROM THE RETURN OR AS ADJUSTED \*\*

EXEMPTIONS: 01  
FILING STATUS: Married Filing Separate  
ADJUSTED GROSS  
INCOME: 44,065.00  
TAXABLE INCOME: 19,565.00  
TAX PER RETURN: 2,501.00  
SE TAXABLE INCOME  
TAXPAYER: 0.00  
SE TAXABLE INCOME  
SPOUSE: 0.00  
TOTAL SELF  
EMPLOYMENT TAX: 0.00

RETURN DUE DATE OR RETURN RECEIVED DATE (WHICHEVER IS LATER) Aug. 26, 2013  
PROCESSING DATE Sep. 16, 2013

		TRANSACTIONS		
CODE	EXPLANATION OF TRANSACTION	CYCLE	DATE	AMOUNT
150	Tax return filed 16221-638-08563-3	20133504	09-16-2013	\$2,501.00
806	W-2 or 1099 withholding		04-15-2013	-\$3,807.00
846	Refund issued		09-06-2013	\$1,306.00
898	Refund applied to non-IRS debt: \$1,306.00		09-16-2013	\$0.00

This Product Contains Sensitive Taxpayer Data

<b>Form 1040</b> Department of the Treasury - Internal Revenue Service (99) <b>U.S. Individual Income Tax Return</b> <b>2012</b> OMB No. 1545-0074 IRS Use Only: Do not write or staple in this space.	
For the year Jan. 1-Dec. 31, 2012, or other tax year beginning 2012, ending 2012, ending 2012	
See separate instructions.	
Your first name and initial <b>EVELYN E MATHIS</b> Last name <b>MATHIS</b> Your social security number <b>146-70-1676</b>	
If a joint return, spouse's first name and initial Last name Spouse's social security no. <b>137-72-5931</b>	
Home address (number and street). If you have a P.O. box, see instructions. <b>75 S HARRISON STREET APT 2</b> Apt. no.	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>EAST ORANGE NJ 07018</b>	
Foreign country name Foreign province/county Foreign postal code	
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want 53 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
<b>Filing Status</b> 1 <input type="checkbox"/> Single 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) 2 <input type="checkbox"/> Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ 3 <input checked="" type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶ <b>WILLIE MATHIS</b> 5 <input type="checkbox"/> Qualifying widow(er) with dependent child	
<b>Exemptions</b> 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b <input type="checkbox"/> Spouse c Dependents: (1) First name Last name (2) Dependent's social security no. (3) Dependent's relationship to you (4) If child under age 17 qualifying for child tax credit (see instr.) If more than four dependents, see instr. and check here ▶ <input type="checkbox"/> d Total number of exemptions claimed	
<b>Boxes checked on</b> 6a and 6b No. of children on 6c who: • lived with you 0 • did not live with you due to divorce or separation (see instr.) 0 Dependents on 6c not entered above 0 Add numbers on lines above ▶ <b>1</b>	
<b>Income</b> 7 Wages, salaries, tips, etc. Attach Form(s) W-2 <b>43,921.</b>	
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. 8a Taxable interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required b Qualified dividends 9b 10 Taxable refunds, credits, or offsets of state and local income taxes <b>144.</b> 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 15a b Taxable amount 15b 16a Pensions and annuities 16a b Taxable amount 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits 20a b Taxable amount 20b 21 Other income. List type and amount (see instr.) 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income <b>44,065.</b>	
If you did not get a W-2, see instructions. Enclose, but do not attach, any payment. Also, please use Form 1040-V.	
<b>Adjusted Gross Income</b> 23 Educator expenses 23 24 Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ 24 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 Deductible part of self-employment tax. Attach Schedule SE 27 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN 31a 32 IRA deduction 32 33 Student loan interest deduction 33 34 Tuition and fees. Attach Form 8917 34 35 Domestic production activities deduction. Attach Form 8885 36 Add lines 23 through 35 37 Subtract line 36 from line 22. This is your adjusted gross income <b>44,065.</b>	

Form 1040 (2012)

EVELYN E MATHIS

146-70-1676

Page 2

**Tax and Credits**

38	Amount from line 37 (adjusted gross income)	38	44,065.
39a	Check <input type="checkbox"/> You were born before Jan. 2, 1948, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a		
	if: <input type="checkbox"/> Spouse was born before Jan. 2, 1948, <input type="checkbox"/> Blind. <input type="checkbox"/> 39b		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	20,700.
41	Subtract line 40 from line 38	41	23,365.
42	Exemptions. Multiply \$3,800 by the number on line 6d	42	3,800.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	19,565.
44	Tax (see instructions). Check if any tax is from: a <input type="checkbox"/> Form(s) 9814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 952 election	44	2,501.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	2,501.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 19	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit. Attach Schedule 8812, if required	51	
52	Residential energy credits. Attach Form 5695	52	
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	2,501.

**Other Taxes**

56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59a	Household employment taxes from Schedule H	59a	
	b First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Other taxes. Enter code(s) from instructions	60	
61	Add lines 55 through 60. This is your total tax	61	2,501.

**Payments**

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	3,807.
63	2012 estimated tax payments and amount applied from 2011 return	63	
64a	Earned income credit (EIC) NO	64a	
b	Nontaxable combat pay election <input type="checkbox"/> 64b		
65	Additional child tax credit. Attach Form 8812	65	
66	American opportunity credit from Form 8863, line 8	66	
67	Reserved	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Re-served c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	3,807.

**Refund**

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	1,306.
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	1,306.
b	Routing number <input type="checkbox"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="checkbox"/>		
75	Amount of line 73 you want applied to your 2013 estimated tax	75	

**Amount You Owe**

76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see inst.	76	
77	Estimated tax penalty (see instructions)	77	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No	
Designee's name <input type="checkbox"/> HUDSON ETIENNE EA ATP ATA	Phone no. <input type="checkbox"/> 908-241-1040
Personal identification number (PIN) <input type="checkbox"/> 12345	

**Sign Here**

Joint return? See instr. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
Your signature <input type="checkbox"/> Evelyn Mathis	Date <input type="checkbox"/> 8/16/13
Spouse's signature. If a joint return, both must sign <input type="checkbox"/>	Date <input type="checkbox"/>
Your occupation <input type="checkbox"/> CASH SUSPENCE CLERK	Daytime phone number <input type="checkbox"/> 973-466-8560
Spouse's occupation <input type="checkbox"/>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="checkbox"/>

Paid Preparer's Use Only	Print/Type preparer's name <input type="checkbox"/> HUDSON ETIENNE EA ATP AT	Preparer's signature <input type="checkbox"/> HUDSON ETIENNE EA ATP AT	Date <input type="checkbox"/> 08/16/2013	Check <input checked="" type="checkbox"/> if self-employed	PTIN <input type="checkbox"/> P00040421
	Firm's name <input type="checkbox"/> TAX DRN FRN CLS	Firm's address <input type="checkbox"/> 47 W WESTFIELD AVE		Phone no. <input type="checkbox"/> 908-241-1040	
	Firm's address <input type="checkbox"/> ROSELLE PARK NJ 07204-				

Form **8879****IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service▶ Do not send to the IRS. This is not a tax return.  
▶ Keep this form for your records.**2012**

Declaration Control Number (DCN) ▶ 00226682 2

Taxpayer's name  
EVELYN E MATHISSocial security number  
146-70-1676

Spouse's name

Spouse's social security number

**Part I Tax Return Information-Tax Year Ending December 31, 2012 (Whole Dollars Only)**

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	44,065.
2	Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	2,501.
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	3,807.
4	Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11a; Form 1040-SS, Part I, line 12a)	4	1,306.
5	Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12)	5	

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2012, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize TAX DRX FRANCHISE

to enter or generate my PIN

01676

ERO firm name

Enter five numbers, but  
do not enter all zeros

as my signature on my tax year 2012 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2012 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.Your signature ▶ \_\_\_\_\_ Date ▶ 08/16/2013

Spouse's PIN: check one box only

☐ I authorize \_\_\_\_\_ to enter or generate my PIN

ERO firm name

Enter five numbers, but  
do not enter all zeros

as my signature on my tax year 2012 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2012 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only-continue below****Part III Certification and Authentication-Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

22668212345

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2012 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

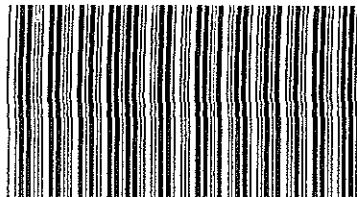
ERO's signature ▶ HUDSON ETIENNE EA ATP ATADate ▶ 08/16/2013

ERO Must Retain This Form - See Instructions

**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8879** (2012)



MATHIS EVELYN E

146701676

1045

RESIDENCY STATUS IF YOU WERE A NJ RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NJ RESIDENCY  
FROM TO

FILING STATUS

1. SINGLE  
2. MARRIED/CU COUPLE FILING JOINT RETURN  
3. MARRIED/CU COUPLE FILING SEPARATE RETURN X  
4. HEAD OF HOUSE HOLD  
5. QUALIFYING WIDOWER/SURVIVING CU PARTNER

EXEMPTIONS

6. REGULAR 1  
7. AGE 65 OR OVER 0  
8. BLIND OR DISABLED 0  
9. NUMBER OF QUALIFIED DEPENDENT CHILDREN 0  
10. NUMBER OF OTHER DEPENDENTS 0  
11. DEPENDENTS ATTENDING COLLEGE 0  
12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11) 1  
12B. TOTAL (LINE 12B - ADD LINES 9 AND 10) 0

CHECK BOXES FOR EXEMPTIONS

REGULAR SPOUSE/  
AGE 65 CU PARTNER  
OR OLDER YOURSELF  
BLIND OR DOMESTIC  
DISABLED YOURSELF CU PARTNER  
SPOUSE/  
CU PARTNER

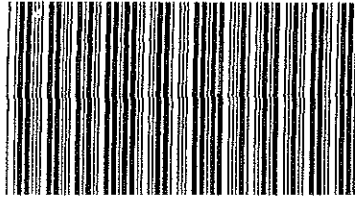
DEPENDENTS INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

LAST NAME, FIRST NAME, MIDDLE INITIAL	SOCIAL SECURITY NUMBER	BIRTH YEAR	HEALTH INS IND
A			
B			
C			
D			

GUBERNATORIAL ELECTIONS FUND

DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND? YES NO  
IF JOINT RETURN, DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1? YES NO

14. WAGES, SALARIES, TIPS, AND OTHER EMPLOYEE COMPENSATION (ENCLOSE W-2)  
BE SURE TO USE STATE WAGES FROM BOX 16 OF YOUR W-2(S) (SEE INSTRUCTIONS) 43,921 .
- 15A. TAXABLE INTEREST INCOME(SEE INSTRUCTIONS) ENCLOSE FED SCH B IF OVER \$1,500 0 .
- 15B. TAX EXEMPT INTEREST INCOME. (SEE INSTRUCTIONS) (ENCLOSE SCHEDULE) DO NOT INCLUDE ON LINE 15A 0 .
16. DIVIDENDS 0 .
17. NET PROFITS FROM BUSINESS (SCHEDULE NJ-BUS-1, PART 1, LINE 4) (ENCLOSE COPY OF FEDERAL SCHEDULE C, FORM 1040) 0 .
18. NET GAINS FROM DISPOSITION OF PROPERTY(SCHEDULE B, LINE 4) 0 .
19. PENSIONS, ANNUITIES, AND IRA WITHDRAWS (SEE INSTRUCTIONS) 0 .
20. DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME (SCH. NJ-BUS-1, PART II, LINE 4) (SEE INSTRUCTION)  
(ENCLOSE SCH. NJ-K-1 OR FEDERAL SCH. K-1) 0 .
21. NET PRO RATA SHARE OF S CORPORATION INCOME (SCH. NJ-BUS-1, PART III, LINE 4)  
(SEE INSTRUCTIONS) (ENCLOSE SCH. NJ-K-1 OR FEDERAL SCH. K-1) 0 .
22. NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS & COPY RIGHTS(SCHEDULE NJ-BUS-1, PART IV, LINE 4) 0 .
23. NET GAMBLING WINNINGS (SEE INSTRUCTIONS) 0 .
24. ALIMONY AND SEPARATE MATINENCE PAYMENTS RECEIVED 0 .
25. OTHER (ENCLOSE SCHEDULE) (SEE INSTRUCTIONS) 0 .
26. TOTAL INCOME (ADD LINES 14, 15A, 16 THROUGH 25) 43,921 .
- 27A. PENSION EXCLUSION (SEE INSTRUCTIONS) 0 .
- 27B. OTHER RETIREMENT INCOME EXCLUSION (SEE WORKSHEET AND INSTRUCTIONS) 0 .
- 27C. TOTAL EXCLUSION AMOUNT (ADD LINE 27A AND LINE 27B) 0 .
28. NEW JERSEY GROSS INCOME (SUBTRACT LINE 27C FROM LINE 26) (SEE INSTRUCTIONS) 43,921 .
29. TOTAL EXEMPTION AMOUNT (SEE INSTRUCTIONS TO CALCULATE AMOUNT) (PART YEAR RESIDENTS SEE INSTRUCTIONS) 1,000 .
30. MEDICAL EXPENSES (SEE WORKSHEET AND INSTRUCTIONS) 0 .
31. ALIMONY AND SEPARATE MATINENCE PAYMENTS 0 .
32. QUALIFIED CONSERVATION CONTRIBUTION 0 .
33. HEALTH ENTERPRIZE ZONE DEDUCTION 0 .
34. ALTERNATIVE BUSINESS CALCULATION ADJUSTMENT (SCHEDULE NJ-BUS-2, LINE 10) 0 .
35. TOTAL EXEMPTIONS AND DEDUCTIONS (ADD LINES 29 THROUGH 34) 1,000 .
36. TAXABLE INCOME (SUBTRACT LINE 35 FROM LINE 26; IF ZERO OR LESS, MAKE NO ENTRY) 42,921 .
- 37A. TOTAL PROPERTY TAXES PAID (SEE INSTRUCTIONS) 6,570 .



MATHIS EVELYN E

146701676

1045

37B. FILL IN THE OVAL IF YOU WERE A NEW JERSEY HOMEOWNER ON OCTOBER 1, 2012

37C. PROPERTY TAX DEDUCTION (SEE INSTRUCTIONS) 5,000 .

38. NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 37C FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY 37,921 .

39. TAX (FROM TAX TABLES) 645 .

40. THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS

41. CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS 0 .

41A. JURISDICTION CODE (SEE INSTRUCTIONS)

42. BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 39) 645 .

43. SHELTERED WORKSHOP TAX CREDIT 0 .

44. BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42) 645 .

45. USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WORKSHEET AND INSTRUCTION) IF NO USE TAX, ENTER ZERO 0 .

46. PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX 0 .

46A. FILL IN IF FORM 2210 IS ENCLOSED

47. TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46) 645 .

48. TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099) 830 .

49. PROPERTY TAX CREDIT (SEE INSTRUCTIONS) 0 .

50. NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2011 TAX RETURN 0 .

51. NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTIONS) 0 .

51B. FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT

51C. FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT

52. EXCESS NEW JERSEY UI/SF/SWF WITHHELD (SEE INSTRUCTIONS)(ENCLOSE FORM NJ-2450) 32 .

53. EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTIONS) (ENCLOSE FORM NJ-2450) 0 .

54. EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTIONS)(ENCLOSE FORM NJ-2450) 0 .

55. TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54) 862 .

56. IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE 0 .  
IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 58, 59, 60, 61, 62 AND OR 64 AND ADDING THIS TO YOUR PAYMENT

57. IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT 217 .  
DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:

58. YOUR 2013 TAX 0 .

59. NEW JERSEY ENDANGERED WILDLIFE FUND 0 .

60. NEW JERSEY CHILDRENS TRUST FUND 0 .

61. NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND 0 .

62. NEW JERSEY BREAST CANCER REASEACH FUND 0 .

63. U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND 0 .

64. OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION) 0 .

64C. DESIGNATION CODE

65. TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64) 0 .

66. REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57) 217 .

DIRECT DEPOSIT INFORMATION

REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND) 4

ACCOUNT TYPE ('C' for CHECKING, 'S' FOR SAVINGS)

FILL IN THE CHECK BOX IF REFUND IS GOING OUTSIDE THE UNITED STATES

ROUTING NUMBER

ACCOUNT NUMBER

DO NOT MAIL INDICATOR

POWER OF ATTORNEY INDICATOR

PRESIDENTIAL DISASTER RELIEF INDICATOR

SCHEDULE  
NJ-BUS-1

(Form NJ-1040)

NEW JERSEY GROSS INCOME TAX  
BUSINESS INCOME SUMMARY SCHEDULE

2012

Name(s) as shown on Form NJ-1040 MATHIS EVELYN E			Your Social Security Number 146-70-1676	
-----------------------------------------------------	--	--	--------------------------------------------	--

<b>PART I NET PROFITS FROM BUSINESS</b>		List the net profit (loss) from business(es). See instructions.		
	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)	
1.	EVELYN E MATHIS	146-70-1676		
2.				
3.				
4.	Net Profit or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 17. If loss, make no entry on Line 17.)			

<b>PART II DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME</b>		List the distributive share of income (loss) from partnership(s). See instructions.		
	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)	
1.				
2.				
3.				
4.	Distributive Share of Partnership Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 20. If loss, make no entry on Line 20.)			

<b>PART III NET PRO RATA SHARE OF S CORPORATION INCOME</b>		List the pro rata share of income (loss) from S Corporation(s). See instructions.		
	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Loss)	
1.				
2.				
3.				
4.	Net Pro Rata Share of S Corporation Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 21. If loss, make no entry on Line 21.)			

<b>PART IV NET GAINS OR INCOME FROM RENTS, ROYALTIES, PATENTS, AND COPYRIGHTS</b>		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1-Rental real estate 2-Royalties 3-Patents 4-Copyrights		
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type - Enter number from list above	Income or (Loss)
1.				
2.				
3.				
4.	Net income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 22. If loss, make no entry on Line 22.)			

NJ-2450

# **EMPLOYEE'S CLAIM FOR CREDIT FOR EXCESS UI/WF/SWF, DISABILITY INSURANCE, AND/OR FAMILY LEAVE INSURANCE CONTRIBUTIONS FOR CALENDAR YEAR 2012**

Claimant Social Security No. 146-70-1676	Name: EVELYN E MATHIS			
Note on Joint NJ-1040 Return: Each spouse/CU partner must file a separate form when claiming a refund for excess contributions...	Address: 75 S HARRISON STREET APT 2			
	City, State, Zip Code: EAST ORANGE NJ 07018			
To establish a right to this credit, claimants are required to complete the items below (information is to be transcribed from W-2 forms enclosed with your New Jersey State Income Tax return). Any items not substantiated by a W-2 or any information that is incomplete will cause the claim to be rejected. The amount withheld for the Unemployment Insurance/Workforce Development/Supplemental Workforce Funds, disability insurance, and the amount of Family Leave Insurance withheld must be reported separately on all W-2 statements.				
<b>TAKE ALL INFORMATION FROM YOUR W-2 FORMS.</b> If the amount deducted by any one employer exceeds the maximum for either UI/WF/SWF, disability insurance, or Family Leave Insurance, insert the maximum in the appropriate Column(s) and contact that employer for a refund of the balance of the deduction.		<b>COLUMN A UI/WF/SWF DEDUCTED</b>	<b>COLUMN B DISABILITY INSURANCE DEDUCTED</b>	<b>COLUMN C FAMILY LEAVE INSURANCE DEDUCTED</b>
1A. Employer's Name: HORIZON HEALTHCARE SVCS INC				
Fed. Emp. I.D. #: 22-0999690				
Private Plan #: Wages: 36,447.	129.	1.	24.	
B. Employer's Name: TARGET CORPORATION				
Fed. Emp. I.D. #: 41-0215170				
Private Plan #: Wages: 7,474.	32.			
C. Employer's Name:				
Fed. Emp. I.D. #:				
Private Plan #: Wages:				
D. Employer's Name:				
Fed. Emp. I.D. #:				
Private Plan #: Wages:				
E. Employer's Name:				
Fed. Emp. I.D. #:				
Private Plan #: Wages:				
F. Employer's Name:				
Fed. Emp. I.D. #:				
Private Plan #: Wages:				
G. * If additional space is required, enclose a rider and enter the total on this line				
2. Total Deducted: Add Lines 1A through 1G. Enter here.	161.	1.	24.	
3. Correct UI/WF/SWF, Disability Insurance, and/or Family Leave Deductions	128.78	60.60	24.24	
4. Deduct Line 3 Col. A from Line 2 Col. A. Enter on Page 3, Line 51 of the NJ-1040.	32.			
5. Deduct Line 3 Col. B from Line 2 Col. B. Enter on Page 3, Line 52 of the NJ-1040.				
6. Deduct Line 3 Col. C from Line 2 Col. C. Enter on Page 3, Line 53 of the NJ-1040				

I hereby apply for a credit for worker contributions deducted in excess of \$128.78 for N.J. UI/WF/SWF and/or in excess of \$60.60 for N.J. Disability Insurance and/or in excess of \$24.24 for NJ Family Leave Insurance deductions by reason of having received wages from two or more employers during the above calendar year and hereby submit the following statement of wages and deductions.

Claimant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1045

NJ2450S1

Case 18-33158-JKS

Tax 2013

**Internal Revenue Service**  
United States Department of the Treasury

Mommmy O Sweet shop

Sep

Exh. b1(c)

This Product Contains Sensitive Taxpayer Data

Request Date: 08-10-2019  
Response Date: 08-10-2019  
Tracking Number: 100463580336

## Account Transcript

FORM NUMBER: 1040

TAX PERIOD: Dec. 31, 2013

TAXPAYER IDENTIFICATION NUMBER: XXX-XX-5931  
SPOUSE TAXPAYER IDENTIFICATION NUMBER: XXX-XX-1676

WILL MATH

--- ANY MINUS SIGN SHOWN BELOW SIGNIFIES A CREDIT AMOUNT ---

ACCOUNT BALANCE: 0.00  
ACCRUED INTEREST: 0.00 AS OF: Aug. 05, 2019  
ACCRUED PENALTY: 0.00 AS OF: Aug. 05, 2019ACCOUNT BALANCE  
PLUS ACCRUALS  
(this is not a  
payoff amount): 0.00

\*\* INFORMATION FROM THE RETURN OR AS ADJUSTED \*\*

EXEMPTIONS: 00  
FILING STATUS: Married Filing Separate  
ADJUSTED GROSS  
INCOME:  
TAXABLE INCOME:  
TAX PER RETURN:  
SE TAXABLE INCOME  
TAXPAYER:  
SE TAXABLE INCOME  
SPOUSE:  
TOTAL SELF  
EMPLOYMENT TAX:  
RETURN NOT PRESENT FOR THIS ACCOUNT

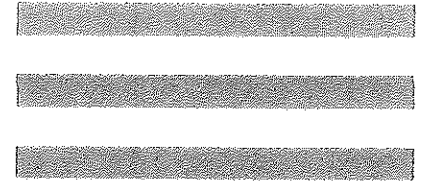
CODE	EXPLANATION OF TRANSACTION	TRANSACTIONS CYCLE	DATE	AMOUNT
	No tax return filed			
520	Bankruptcy or other legal action filed		11-26-2018	\$0.00

This Product Contains Sensitive Taxpayer Data

Exhibit (c)

**FreeTaxUSA**

®



# 2013 Income Tax Return

## Federal Return

Thank you for using  
FreeTaxUSA.com to prepare your  
2013 income tax return.

You can view the status of your e-filed tax return by  
signing in to your account at [www.freetaxusa.com](http://www.freetaxusa.com).

2014 tax preparation on FreeTaxUSA.com will be  
available starting in January of 2015.

We look forward to preparing your 2014 tax return.

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2013** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning , 2013, ending , 20

See separate instructions.

Your first name and initial **WILLIE** Last name **MATHIS** Your social security number **137 | 72 | 5931**

If a joint return, spouse's first name and initial Last name Spouse's social security number **146 | 70 | 1676**

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **75 SOUTH HARRISON ST**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **EAST ORANGE, NJ 07018**

Foreign country name Foreign province/state/county Foreign postal code

Make sure the SSN(s) above and on line 6c are correct.

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

**Filing Status**

1 ☐ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☒ Married filing separately. Enter spouse's SSN above and full name here. **EVELYN MATHIS**

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. **▶**

5 ☐ Qualifying widow(er) with dependent child

Check only one box.

**Exemptions**

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a.

b ☐ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here ☐

d Total number of exemptions claimed **1**

Boxes checked on 6a and 6b **1**

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above **1**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7**

8a Taxable interest. Attach Schedule B if required **8a**

b Tax-exempt interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule B if required **9a**

b Qualified dividends **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes **10**

11 Alimony received **11**

12 Business income or (loss). Attach Schedule C or C-EZ **12 -41,264.**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ **13**

14 Other gains or (losses). Attach Form 4797 **14**

15a IRA distributions **15a** b Taxable amount **15b**

16a Pensions and annuities **16a** b Taxable amount **16b**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17**

18 Farm income or (loss). Attach Schedule F **18**

19 Unemployment compensation **19**

20a Social security benefits **20a** b Taxable amount **20b**

21 Other income. List type and amount **21**

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **▶ 22 -41,264.**

**Adjusted Gross Income**

23 Educator expenses **23**

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**

25 Health savings account deduction. Attach Form 8889 **25**

26 Moving expenses. Attach Form 3903 **26**

27 Deductible part of self-employment tax. Attach Schedule SE **27**

28 Self-employed SEP, SIMPLE, and qualified plans **28**

29 Self-employed health insurance deduction **29**

30 Penalty on early withdrawal of savings **30**

31a Alimony paid b Recipient's SSN **31a**

32 IRA deduction **32**

33 Student loan interest deduction **33**

34 Tuition and fees. Attach Form 8917 **34**

35 Domestic production activities deduction. Attach Form 8903 **35**

36 Add lines 23 through 35 **36 0.**

37 Subtract line 36 from line 22. This is your adjusted gross income **▶ 37 -41,264.**

Form 1040 (2013) WILLIE MATHIS

137-72-5931 Page 2

**Tax and Credits****Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:  
Single or Married filing separately, \$6,100  
Married filing jointly or Qualifying widow(er), \$12,200  
Head of household, \$8,950

38	Amount from line 37 (adjusted gross income)	38	-41,264.
39a	Check <input type="checkbox"/> You were born before January 2, 1949, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1949, <input type="checkbox"/> Blind. Total boxes checked <b>39a</b> <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <b>39b</b> <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,100.
41	Subtract line 40 from line 38	41	-47,364.
42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions	42	3,900.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	0.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	0.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 19	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit. Attach Schedule 8812, if required.	51	
52	Residential energy credits. Attach Form 5695	52	
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	0.
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	0.

**Other Taxes**

56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59a	Household employment taxes from Schedule H	59a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	60	
61	Add lines 55 through 60. This is your total tax	61	

**Payments**

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	
63	2013 estimated tax payments and amount applied from 2012 return	63	
64a	Earned income credit (EIC) NO.	64a	
b	Nontaxable combat pay election <b>64b</b>		
65	Additional child tax credit. Attach Schedule 8812	65	
66	American opportunity credit from Form 8863, line 8	66	
67	Reserved	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	71	
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	0.

**Refund**

Direct deposit? See instructions.

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	
b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number		
75	Amount of line 73 you want applied to your 2014 estimated tax	75	

**Amount You Owe**

76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	0.
77	Estimated tax penalty (see instructions)	77	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below. ☒ No

Designee's name  Phone no.  Personal identification number (PIN)

**Sign Here**

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation <b>OWNER</b>	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature <b>SELF - PREPARED</b>	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN	Phone no.		
Firm's address				

**SCHEDULE C**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Profit or Loss From Business**  
(Sole Proprietorship)► For information on Schedule C and its instructions, go to [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2013**Attachment  
Sequence No. **09**

Name of proprietor

WILLIE MATHIS

Social security number (SSN)

137-72-5931

**A** Principal business or profession, including product or service (see instructions)

CONVENIENCE STORE &amp; DELI

**B** Enter code from instructions

► 445100

**C** Business name. If no separate business name, leave blank.

MOMMYO SWEET SHOP

**D** Employer ID number (EIN), (see instr.)**E** Business address (including suite or room no.) ► 2100 STANLEY TERRACE

City, town or post office, state, and ZIP code UNION, NJ 07083

**F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►**G** Did you "materially participate" in the operation of this business during 2013? If "No," see instructions for limit on losses ☒ Yes ☐ No**H** If you started or acquired this business during 2013, check here ☐**I** Did you make any payments in 2013 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No**J** If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked. <input type="checkbox"/>	<b>1</b>	74,466.
<b>2</b> Returns and allowances	<b>2</b>	
<b>3</b> Subtract line 2 from line 1	<b>3</b>	74,466.
<b>4</b> Cost of goods sold (from line 42)	<b>4</b>	95,204.
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3	<b>5</b>	-20,738.
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6	<b>7</b>	-20,738.

**Part II Expenses****Enter expenses for business use of your home only on line 30.**

<b>8</b> Advertising	<b>8</b>	634.	<b>18</b> Office expense (see instructions)	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>		<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>10</b> Commissions and fees	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion	<b>12</b>		<b>b</b> Other business property	<b>20b</b>	7,812.
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>		<b>21</b> Repairs and maintenance	<b>21</b>	432.
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>		<b>22</b> Supplies (not included in Part III)	<b>22</b>	1,366.
<b>15</b> Insurance (other than health)	<b>15</b>	1,600.	<b>23</b> Taxes and licenses	<b>23</b>	250.
<b>16</b> Interest:			<b>24</b> Travel, meals, and entertainment:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel	<b>24a</b>	
<b>b</b> Other	<b>16b</b>		<b>b</b> Deductible meals and entertainment (see instructions)	<b>24b</b>	
<b>17</b> Legal and professional services	<b>17</b>		<b>25</b> Utilities	<b>25</b>	8,432.
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	<b>28</b>	20,526.	<b>26</b> Wages (less employment credits)	<b>26</b>	
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7	<b>29</b>	-41,264.	<b>27a</b> Other expenses (from line 48)	<b>27a</b>	
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	<b>30</b>		<b>b</b> Reserved for future use	<b>27b</b>	
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>	-41,264.			

**32** If you have a loss, check the box that describes your investment in this activity (see instructions).

- If you checked 32a, enter the loss on both **Form 1040, line 12**, (or **Form 1040NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3**.
- If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

**32a** ☒ All investment is at risk.**32b** ☐ Some investment is not at risk.

Exhibit (C)

- Part IV** **Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

- 43 When did you place your vehicle in service for business purposes? (month, day, year)
- 44 Of the total number of miles you drove your vehicle during 2013, enter the number of miles you used your vehicle for:
- |                                                                                                       |                                                                                                                           |                                                                                                    |
|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| a Business <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> | b Commuting (see instructions) <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> | c Other <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> |
|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
- 45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No
- 46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No
- 47a Do you have evidence to support your deduction? ☐ Yes ☐ No
- b If "Yes," is the evidence written? ☐ Yes ☐ No

48	Total other expenses. Enter here and on line 27a	48
----	--------------------------------------------------	----

Case 18-33158-J/KS

**Internal Revenue Service**  
United States Department of the Treasury*Tax 2014*  
*Business Close*  
*No Job didnt work*  
*Exhibit (D)*

This Product Contains Sensitive Taxpayer Data

Request Date: 08-10-2019  
Response Date: 08-10-2019  
Tracking Number: 100463580808

## Account Transcript

FORM NUMBER: 1040

TAX PERIOD: Dec. 31, 2014

TAXPAYER IDENTIFICATION NUMBER: XXX-XX-5931  
SPOUSE TAXPAYER IDENTIFICATION NUMBER: XXX-XX-1676

WILL MATH

--- ANY MINUS SIGN SHOWN BELOW SIGNIFIES A CREDIT AMOUNT ---

ACCOUNT BALANCE: 0.00  
ACCRUED INTEREST: 0.00 AS OF: Aug. 05, 2019  
ACCRUED PENALTY: 0.00 AS OF: Aug. 05, 2019ACCOUNT BALANCE  
PLUS ACCRUALS  
(this is not a  
payoff amount): 0.00

\*\* INFORMATION FROM THE RETURN OR AS ADJUSTED \*\*

EXEMPTIONS: 00  
FILING STATUS: Married Filing Separate  
ADJUSTED GROSS  
INCOME:  
TAXABLE INCOME:  
TAX PER RETURN:  
SE TAXABLE INCOME  
TAXPAYER:  
SE TAXABLE INCOME  
SPOUSE:  
TOTAL SELF  
EMPLOYMENT TAX:  
RETURN NOT PRESENT FOR THIS ACCOUNT

		TRANSACTIONS		
CODE	EXPLANATION OF TRANSACTION	CYCLE	DATE	AMOUNT
	No tax return filed			
520	Bankruptcy or other legal action filed		11-26-2018	\$0.00

This Product Contains Sensitive Taxpayer Data

*Case 18-33158-JKS**2013**TAX**Separate**Exhibit (D)***Internal Revenue Service**  
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 08-14-2018  
Response Date: 08-14-2018  
Tracking Number: 100403415776

## Account Transcript

FORM NUMBER: 1040 TAX PERIOD: Dec. 31, 2013

TAXPAYER IDENTIFICATION NUMBER: 146-70-1676  
SPOUSE TAXPAYER IDENTIFICATION NUMBER: 137-72-5931

EVELYN E MATHIS

--- ANY MINUS SIGN SHOWN BELOW SIGNIFIES A CREDIT AMOUNT ---

ACCOUNT BALANCE: 0.00  
ACCRUED INTEREST: 0.00 AS OF: Mar. 24, 2014  
ACCRUED PENALTY: 0.00 AS OF: Mar. 24, 2014ACCOUNT BALANCE  
PLUS ACCRUALS  
(this is not a  
payoff amount): 0.00

## \*\* INFORMATION FROM THE RETURN OR AS ADJUSTED \*\*

EXEMPTIONS: 01  
FILING STATUS: Married Filing Separate  
ADJUSTED GROSS  
INCOME: 47,016.00  
TAXABLE INCOME: 25,563.00  
TAX PER RETURN: 3,390.00  
SE TAXABLE INCOME  
TAXPAYER: 0.00  
SE TAXABLE INCOME  
SPOUSE: 0.00  
TOTAL SELF  
EMPLOYMENT TAX: 0.00RETURN DUE DATE OR RETURN RECEIVED DATE (WHICHEVER IS LATER) Apr. 15, 2014  
PROCESSING DATE Mar. 17, 2014

TRANSACTIONS				
CODE	EXPLANATION OF TRANSACTION	CYCLE	DATE	AMOUNT
150	Tax return filed 16221-453-87358-4	20140903	03-17-2014	\$3,390.00
806	W-2 or 1099 withholding		04-15-2014	-\$4,007.00
846	Refund issued		03-03-2014	\$617.00
898	Refund applied to non-IRS debt: \$499.11		03-17-2014	\$0.00

This Product Contains Sensitive Taxpayer Data

Exhibit (D)

<b>Form</b>	<b>1040</b>	Department of the Treasury—Internal Revenue Service (99) <b>U.S. Individual Income Tax Return</b>	<b>2013</b>	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.																														
For the year Jan. 1–Dec. 31, 2013, or other tax year beginning		, 2013, ending		, 20																															
Your first name and initial		Last name		Your social security number																															
Evelyn E		Mathis		146-70-1676																															
If a joint return, spouse's first name and initial		Last name		Spouse's social security number																															
				137-72-5931																															
Home address (number and street). If you have a P.O. box, see instructions.				Apt. no.	Make sure the SSN(s) above and on line 6c are correct.  <b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse																														
75 South Harrison St				2																															
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).																																			
East Orange NJ 07018				Foreign postal code																															
Foreign country name		Foreign province/state/county																																	
<b>Filing Status</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           1 <input type="checkbox"/> Single            2 <input type="checkbox"/> Married filing jointly (even if only one had income)            3 <input checked="" type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶ Willie L Mathis         </div> <div style="width: 45%;">           4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶            5 <input type="checkbox"/> Qualifying widow(er) with dependent child         </div> </div>																																			
<b>Exemptions</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;">           6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a.            b <input type="checkbox"/> Spouse  <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">c Dependents:</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)</th> </tr> <tr> <th>(1) First name</th> <th>Last name</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> </tbody> </table> </div> <div style="width: 25%;">           Boxes checked on 6a and 6b            No. of children on 6c who:            • lived with you            • did not live with you due to divorce or separation (see instructions)            Dependents on 6c not entered above            Add numbers on lines above ▶ 1         </div> </div>						c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)	(1) First name	Last name								<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>
c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)																															
(1) First name	Last name																																		
				<input type="checkbox"/>																															
				<input type="checkbox"/>																															
				<input type="checkbox"/>																															
				<input type="checkbox"/>																															
If more than four dependents, see instructions and check here <input type="checkbox"/>																																			
<b>Income</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;">           7 Wages, salaries, tips, etc. Attach Form(s) W-2            8a Taxable interest. Attach Schedule B if required            b Tax-exempt interest. Do not include on line 8a 8b            9a Ordinary dividends. Attach Schedule B if required            b Qualified dividends 9b            10 Taxable refunds, credits, or offsets of state and local income taxes            11 Alimony received            12 Business income or (loss). Attach Schedule C or C-EZ            13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>            14 Other gains or (losses). Attach Form 4797            15a IRA distributions 15a b Taxable amount 15b            16a Pensions and annuities 16a b Taxable amount 16b            17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E            18 Farm income or (loss). Attach Schedule F            19 Unemployment compensation            20a Social security benefits 20a b Taxable amount 20b            21 Other income. List type and amount            22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶         </div> <div style="width: 25%;">           7 47,016.            8a            9a            10            11            12            13            14            15b            16b            17            18            19            20b            21            22 47,016.         </div> </div>																																			
<b>Adjusted Gross Income</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;">           23 Educator expenses            24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ            25 Health savings account deduction. Attach Form 8889            26 Moving expenses. Attach Form 3903            27 Deductible part of self-employment tax. Attach Schedule SE            28 Self-employed SEP, SIMPLE, and qualified plans            29 Self-employed health insurance deduction            30 Penalty on early withdrawal of savings            31a Alimony paid b Recipient's SSN ▶            32 IRA deduction            33 Student loan interest deduction            34 Tuition and fees. Attach Form 8917            35 Domestic production activities deduction. Attach Form 8903            36 Add lines 23 through 35            37 Subtract line 36 from line 22. This is your adjusted gross income ▶         </div> <div style="width: 25%;">           23            24            25            26            27            28            29            30            31a            32            33            34            35            36            37 47,016.         </div> </div>																																			

Form 1040 (2013)

Page 2

<b>Tax and Credits</b>	38	Amount from line 37 (adjusted gross income)	38	47,016.
	39a	Check <input type="checkbox"/> You were born before January 2, 1949, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
		if: <input type="checkbox"/> Spouse was born before January 2, 1949, <input type="checkbox"/> Blind. checked <input type="checkbox"/> 39b		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
<b>Standard Deduction for—</b>	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	17,553.
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	41	Subtract line 40 from line 38	41	29,463.
• All others: Single or Married filing separately, \$6,100	42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,000 by the number on line 6d. Otherwise, see instructions	42	3,900.
Married filing jointly or Qualifying widow(er), \$12,200	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	25,563.
Head of household, \$8,950	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	3,390.
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Add lines 44 and 45	46	3,390.
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child and dependent care expenses. Attach Form 2441	48	
	49	Education credits from Form 8863, line 19	49	
	50	Retirement savings contributions credit. Attach Form 8880	50	
	51	Child tax credit. Attach Schedule 8812, if required	51	
	52	Residential energy credits. Attach Form 5695	52	
	53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
	54	Add lines 47 through 53. These are your total credits	54	
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	3,390.
<b>Other Taxes</b>	56	Self-employment tax. Attach Schedule SE	56	
	57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59a	Household employment taxes from Schedule H	59a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
	60	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	60	
	61	Add lines 53 through 60. This is your total tax	61	3,390.
<b>Payments</b>	62	Federal income tax withheld from Forms W-2 and 1099	62	4,007.
	63	2013 estimated tax payments and amount applied from 2012 return	63	
	64a	Earned income credit (EIC)	64a	
	b	Nontaxable combat pay election <input type="checkbox"/> 64b		
	65	Additional child tax credit. Attach Schedule 8812	65	
	66	American opportunity credit from Form 8863, line 8	66	
	67	Reserved	67	
	68	Amount paid with request for extension to file	68	
	69	Excess social security and tier 1 RRTA tax withheld	69	
	70	Credit for federal tax on fuels. Attach Form 4136	70	
	71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	71	
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	4,007.
<b>Refund</b>	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	617.
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	617.
	b	Routing number <input type="checkbox"/> 1 1 4 9 2 4 7 4 2 <input type="checkbox"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <input type="checkbox"/> 9 8 2 2 1 2 8 5 2 <input type="checkbox"/> 9 9 7 7		
	75	Amount of line 73 you want applied to your 2014 estimated tax <input type="checkbox"/> 75		
<b>Amount You Owe</b>	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	
	77	Estimated tax penalty (see instructions)	77	

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below. ☒ No

<b>Third Party Designee</b>	Designee's name	Phone no.	Personal identification number (PIN)
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation cash suspense clerk
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation
	Print/Type preparer's name	Preparer's signature	Date
<b>Paid Preparer Use Only</b>	Firm's name	Firm's EIN	Phone no.
	Firm's address		

**SCHEDULE A**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Itemized Deductions**► Information about Schedule A and its separate instructions is at [www.irs.gov/schedulea](http://www.irs.gov/schedulea).

► Attach to Form 1040.

OMB No. 1545-0074

**2013**Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

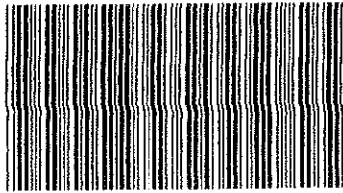
Evelyn E Mathis

146-70-1676

<b>Medical and Dental Expenses</b>		<b>Caution.</b> Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 38 <b>2</b>	2			
3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1949, multiply line 2 by 7.5% (.075) instead	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
<b>Taxes You Paid</b>		<b>5 State and local (check only one box):</b>			
	<b>a</b> <input checked="" type="checkbox"/> Income taxes, or	5	1,241.		
	<b>b</b> <input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions)	6	13,000.		
7	Personal property taxes	7	73.		
8	Other taxes. List type and amount ►	8			
9	Add lines 5 through 8	9		14,314.	
<b>Interest You Paid</b>		<b>10 Home mortgage interest and points reported to you on Form 1098</b>		10	0.
<b>Note.</b> Your mortgage interest deduction may be limited (see instructions).		<b>11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►</b>		11	
		<b>12 Points not reported to you on Form 1098. See instructions for special rules.</b>		12	
		<b>13 Mortgage insurance premiums (see instructions)</b>		13	2,200.
		<b>14 Investment interest. Attach Form 4952 if required. (See instructions.)</b>		14	
		<b>15 Add lines 10 through 14</b>		15	2,200.
<b>Gifts to Charity</b>		<b>16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions.</b>		16	900.
<b>If you made a gift and got a benefit for it, see instructions.</b>		<b>17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500</b>		17	
		<b>18 Carryover from prior year</b>		18	
		<b>19 Add lines 16 through 18</b>		19	900.
<b>Casualty and Theft Losses</b>		<b>20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)</b>		20	
<b>Job Expenses and Certain Miscellaneous Deductions</b>		<b>21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► Uniforms and protective clothing</b>		21	879.
		<b>22 Tax preparation fees</b>		22	200.
		<b>23 Other expenses—investment, safe deposit box, etc. List type and amount ►</b>		23	
		<b>24 Add lines 21 through 23</b>		24	1,079.
		<b>25 Enter amount from Form 1040, line 38 <b>25</b></b>		25	47,016.
		<b>26 Multiply line 25 by 2% (.02)</b>		26	940.
		<b>27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-</b>		27	139.
<b>Other Miscellaneous Deductions</b>		<b>28 Other—from list in instructions. List type and amount ►</b>		28	
<b>Total Itemized Deductions</b>		<b>29 Is Form 1040, line 38, over \$150,000?</b>		29	17,553.
		<input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.			
		<input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
<b>30 If you elect to itemize deductions even though they are less than your standard deduction, check here</b>					

Exhibit (D)

NJ-1040  
2013  
Page 1



040MP01130

STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN

For Privacy Act Notification, See Instructions  
For Tax Year Jan. - Dec. 2013 or Other Tax Year  
Beginning \_\_\_\_\_, 20\_\_\_\_ Month Ending \_\_\_\_\_, 20\_\_\_\_  
On-line Federal Extension Confirmation # \_\_\_\_\_

MATHIS EVELYN E

75 SOUTH HARRISON ST APT 2

EAST ORANGE

NJ 07018

0705

1555

146701676 137725931



Under the penalties of perjury, I declare that I have examined this income tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Pay amount on Line 56 in full. Write Social Security number(s) on check or money order and make payable to: STATE OF NEW JERSEY - TGI

Mail your return in the envelope provided and affix the appropriate mailing label.

If you have an amount due on Line 56, enclose your check and NJ-1040-V payment voucher with your return and use the label for PO Box 111.

If not, use the label for PO Box 555.  
You may also pay by e-check or credit card. See instruction page 11.

> \_\_\_\_\_ > \_\_\_\_\_  
Your Signature Date Spouse/CD Partner's Signature (If filed jointly both must sign)

If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 13)

Paid Preparer's Signature Federal Identification Number

Firm's Name Federal Employer Identification Number

SELF PREPARED

Exh. b. + (D)



NJ-1040 (2013)

PAGE 2

MATHIS EVELYN E

146701676

1555

040MP02130

Residency Status IF YOU WERE A NEW JERSEY RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NEW JERSEY RESIDENCY  
FROM TO

## FILING STATUS

1. SINGLE  
2. MARRIED/CU COUPLE FILING JOINT RETURN  
3. MARRIED/CU COUPLE FILING SEPARATE RETURN ☒  
4. HEAD OF HOUSEHOLD  
5. QUALIFYING WIDOW(ER)-SURVIVING CU PARTNER

## CHECKBOXES FOR EXEMPTIONS

REGULAR SPOUSE CU PARTNER DOMESTIC PARTNER  
AGE 65 OR OLDER YOURSELF SPOUSE CU PARTNER  
BLIND OR DISABLED YOURSELF SPOUSE CU PARTNER

## EXEMPTIONS

6. REGULAR 1  
7. AGE 65 OR OVER  
8. BLIND OR DISABLED  
9. NUMBER OF QUALIFIED DEPENDENT CHILDREN  
10. NUMBER OF OTHER DEPENDENTS  
11. DEPENDENTS ATTENDING COLLEGE  
12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11) 1  
12B. TOTAL (LINE 12B - ADD LINES 9 AND 10)

## DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

LAST NAME, FIRST NAME, MIDDLE INITIAL	SOCIAL SECURITY NUMBER	BIRTH YEAR	HEALTH INS IND
A.			
B.			
C.			
D.			

## GOVERNATORIAL ELECTIONS FUND

DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND?

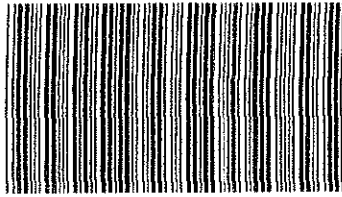
YES NO ☒

IF JOINT RETURN, DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1?

YES NO

14. WAGES, SALARIES, TIPS, AND OTHER EMPLOYEE COMPENSATION (ENCL W-2) BE SURE TO USE STATE WAGES FROM BOX 16 OF YOUR W-2(S) (SEE INSTRUCTIONS)	14.	49695
15A. TAXABLE INTEREST INCOME (SEE INSTRUCTIONS) (ENCLOSE FEDERAL SCHEDULE B IF OVER \$1,500)	15A.	.
15B. TAX EXEMPT INTEREST INCOME (SEE INSTRUCTIONS) (ENCLOSE SCHEDULE F) DO NOT INCLUDE ON LINE 15A	15B.	.
16. DIVIDENDS	16.	.
17. NET PROFITS FROM BUSINESS (SCHEDULE NJ-BUS-1, PART I, LINE 4) (ENCLOSE COPY OF FEDERAL SCHEDULE C, FORM 1040)	17.	.
18. NET GAINS FROM DISPOSITION OF PROPERTY (SCHEDULE B, LINE 4)	18.	.
19A. PENSIONS, ANNUITIES, AND IRA WITHDRAWALS (SEE INSTRUCTION PAGE 24)	19A.	.
19B. EXCLUDABLE PENSIONS, ANNUITIES, AND IRA WITHDRAWALS	19B.	.
20. DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME (SCHEDULE NJ-BUS-1, PART II, LINE 4) (SEE INSTR. PAGE 24) (ENCLOSE SCH. NRC-1 OR FEDERAL SCHEDULE K-1)	20.	.
21. NET PRO RATA SHARE OF S CORPORATION INCOME (SCHEDULE NJ-BUS-1, PART III, LINE 4) (SEE INSTR. PAGE 24) (ENCLOSE SCH. NJ-K-1 OR FEDERAL SCHEDULE K-1)	21.	.
22. NET GAIN OR INCOME FROM RENT'S, ROYALTIES, PATENTS & COPYRIGHTS (SCHEDULE NJ-BUS-1, PART IV, LINE 4)	22.	.
23. NET GAMBLING WINNINGS (SEE INSTRUCTION PAGE 24)	23.	.
24. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS RECEIVED	24.	.
25. OTHER (ENCLOSE SCHEDULE) (SEE INSTRUCTION PAGE 24)	25.	.
26. TOTAL INCOME (ADD LINES 14, 15A, 16, 17, 18, 19A, AND 20 THROUGH 25)	26.	49695
27A. PENSION EXCLUSION (SEE INSTRUCTION PAGE 25)	27A.	.
27B. OTHER RETIREMENT INCOME EXCLUSIONS (SEE WORKSHEET AND INSTRUCTION PAGE 26)	27B.	.
27C. TOTAL EXCLUSION AMOUNT (ADD LINE 27A AND LINE 27B)	27C.	.
28. NEW JERSEY GROSS INCOME (SUBTRACT LINE 27C FROM LINE 26) (SEE INSTRUCTION PAGE 27)	28.	49695
29. TOTAL EXEMPTION AMOUNT (SEE INSTRUCTION PAGE 27 TO CALCULATE AMOUNT) (PART YEAR RESIDENTS SEE INSTRUCTION PAGE 6)	29.	1000
30. MEDICAL EXPENSES (SEE WORKSHEET AND INSTRUCTION PAGE 27)	30.	.
31. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS	31.	.
32. QUALIFIED CONSERVATION CONTRIBUTION	32.	.
33. HEALTH ENTERPRISE ZONE DEDUCTION	33.	.
34. ALTERNATIVE BUSINESS CALCULATION ADJUSTMENT (SCHEDULE NJ-BUS-2, LINE 11)	34.	.
35. TOTAL EXEMPTIONS AND DEDUCTIONS (ADD LINES 29 THROUGH 34)	35.	1000
36. TAXABLE INCOME (SUBTRACT LINE 35 FROM LINE 28) IF ZERO OR LESS, MAKE NO ENTRY	36.	48695

Exhibit (D)



NJ-1040 (2013)

PAGE 3

MATHIS EVELYN E

146701676

1555

040MP03130

37A. TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 29)	37A. 6500 .
37B. FILL IN OVAL IF YOU WERE A NEW JERSEY HOMEOWNER ON OCTOBER 1, 2013	37B. .
37C. PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 32)	37C. 5000 .
38. NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 37C FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	38. 43695 .
39. TAX (FROM TAX TABLES, PAGE 52)	39. 921 .
40. THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS	40. .
41. CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS	41. .
41A. JURISDICTION CODE (SEE INSTRUCTIONS)	41A. .
42. BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 39)	42. 921 .
43. SHELTERED WORKSHOP TAX CREDIT	43. .
44. BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44. 921 .
45. USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WKST AND INSTR. PAGE 35) IF NO USE TAX, ENTER ZERO	45. 0 .
46. PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX	46. .
46A. FILL IN IF FORM 2310 IS ENCLOSED	46A. .
47. TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)	47. 921 .
48. TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48. 1035 .
49. PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 32)	49. .
50. NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2012 TAX RETURN	50. .
51. NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTION PAGE 38)	51. .
51B. FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT	51B. .
51C. FILL IN THE BOX IF YOU ARE A COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT	51C. .
52. EXCESS NEW JERSEY WFT/SWT WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	52. .
53. EXCESS DISABILITY INSURANCE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	53. .
54. EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	54. .
55. TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)	55. 1035 .
56. IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 57, 60, 61, 62, 63, AND OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT	56. .
57. IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:	57. 114 .
58. YOUR 2014 TAX	58. .
59. NEW JERSEY ENDANGERED WILDLIFE FUND	59. .
60. NEW JERSEY CHILDREN'S TRUST FUND	60. .
61. NEW JERSEY VIETNAM VETERAN'S MEMORIAL FUND	61. .
62. NEW JERSEY BREAST CANCER RESEARCH FUND	62. .
63. U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND	63. .
64. OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION PAGE 39)	64. .
64C. DESIGNATION CODE	64C. .
65. TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)	65. .
66. REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)	66. 114 .

## DIRECT DEPOSIT INFORMATION

dd1. REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND)	dd1. 1
dd2. ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS)	dd2. C
dd3. FILL IN THE CHECKBOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES	dd3. .
dd4. ROUTING NUMBER	dd4. 114924742
dd5. ACCOUNT NUMBER	dd5. 9822128529977
dam. DO NOT MAIL INDICATOR	dam. .
na. POWER OF ATTORNEY INDICATOR	na. .
ndr. PRESIDENTIAL DISASTER RELIEF INDICATOR	ndr. .

Prior Year Taxes Paid In 2013 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2012 extensions . . . . .				
22	2012 estimated tax paid after 12/31/2012 . . . . .				
23	Balance due paid with 2012 return . . . . .				
24	Other (amended returns, installment payments, etc) . .				

Exhibit  
(D)**Schedule A**  
**Line 5****State and Local Tax Deduction Worksheet****2013**

► Keep for your records

Name(s) Shown on Return  
Evelyn E MathisSocial Security Number  
146-70-1676**State and Local Income Taxes**

<b>State income taxes:</b>		
1 State income tax withheld . . . . .	1	1,035.
2 2013 state estimated taxes paid in 2013 . . . . .	2	
3 2012 state estimated taxes paid in 2013 . . . . .	3	
4 Amount paid with 2012 state application for extension . . . . .	4	
5 Amount paid with 2012 state income tax return . . . . .	5	
6 Overpayment on 2012 state income tax return applied to 2013 tax . . . . .	6	
7 Other amounts paid in 2013 (amended returns, installment payments, etc.) . . . .	7	
8 State estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	8	
<b>Local income taxes:</b>		
9 Local income tax withheld . . . . .	9	44.
10 2013 local estimated taxes paid in 2013 . . . . .	10	
11 2012 local estimated taxes paid in 2013 . . . . .	11	
12 Amount paid with 2012 local application for extension . . . . .	12	
13 Amount paid with 2012 local income tax return . . . . .	13	
14 Overpayment on 2012 local income tax return applied to 2013 tax . . . . .	14	
15 Other amounts paid in 2013 (amended returns, installment payments, etc.) . . . .	15	
16 Local estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	16	
<b>Other:</b>		
17 State mandatory taxes . . . . .	17	162.
18 <b>Total</b> Add lines 1 through 17 . . . . .	18	1,241.
19 State and local refund allocated to 2013 . . . . .	19	
20 Nondeductible state income tax from line 28 . . . . .	20	
21 <b>Total reductions</b> Add lines 19 and 20 . . . . .	21	
22 <b>Total state and local income tax deduction</b> Line 18 less line 21 . . . . .	22	1,241.

**Nondeductible State Income Tax (Hawaii Only)**

23 Nontaxable federal employee cost of living allowance . . . . .	23	
24 Adjusted gross income . . . . .	24	
25 Add lines 23 and 24 . . . . .	25	
26 <b>Nondeductible percent.</b> Line 23 divided by line 25 . . . . .	26	%
27 Hawaii state income tax included in line 18 . . . . .	27	
28 <b>Nondeductible Hawaii state income tax.</b> Multiply line 26 by line 27. . . . .	28	

**Charitable Contributions Summary****2013**

► Keep for your records

Name(s) Shown on Return  
Evelyn E MathisSocial Security Number  
146-70-1676**Part I Cash Contributions Summary**

Name of Charitable Organization	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) RESERVED for future use
Victory at Sunrise	900.	900.		
Totals:	900.	900.		

**Part II Non-Cash Contributions Summary**

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals:					

**Part III Contribution Carryovers to 2014**

	Total	Cash and Other Non-Capital Gain Property			Capital Gain Property	
	(a) Total	(b) RESERVED	(c) 50% Limit	(d) 30% Limit	(e) 30% Limit	(f) 20% Limit
1 2013 contributions . .	900.		900.			
2 2013 contributions allowed	900.		900.	0.	0.	0.
3 Carryovers from:						
a 2012 tax year . . . .						
b 2010 tax year . . . .						
c 2009 tax year . . . .						
d 2008 tax year . . . .						
e 2007 tax year . . . .						
4 Carryovers allowed in 2013	0.		0.	0.	0.	0.
5 Carryovers disallowed in 2013	0.		0.	0.	0.	0.
6 Carryovers to 2014:						
a From 2013 . . . . .	0.		0.	0.	0.	0.
b From 2012 . . . . .						
c From 2010 . . . . .						
d From 2009 . . . . .						
e From 2008 . . . . .						
f From 2007 (expired)						

**Part IV Special Situations in Your Return for Current Year Donations**

- 1 Was the entire interest given for all property donated to all charities? . . . . . ☒ Yes ☐ No
- 2 Were restrictions attached to any charities's right to use or dispose of any property donated to any charity? . . . . . ☐ Yes ☒ No
- 3 Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . ☐ Yes ☒ No
- 4 Was any charity other than a 50% charity? . . . . . ☐ Yes ☒ No

► Keep for your records

**2012 State and Local Income Tax Information (See Tax Help)**

Other Tax and Income Information			2012	2013
1	Filing status . . . . .	1		3 MFS
2	Number of exemptions for blind or over 65 (0 - 4). . . . .	2		
3	Itemized deductions . . . . .	3		17,553
4	Check box if required to itemize deductions . . . . .	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .	5		47,016
6	Tax liability for Form 2210 or Form 2210-F . . . . .	6		3,390
7	Alternative minimum tax. . . . .	7		
8	Federal overpayment applied to next year estimated tax. . . . .	8		

**QuickZoom to the IRA Information Worksheet for IRA information . . . . .** 

Loss and Expense Carryovers				2012	2013
Note: Enter all entries as a positive amount					
12 a	Short-term capital loss . . . . .	12 a			
b	AMT Short-term capital loss . . . . .	b			
13 a	Long-term capital loss . . . . .	13 a			
b	AMT Long-term capital loss . . . . .	b			
14 a	Net operating loss available to carry forward . . . . .	14 a			
b	AMT Net operating loss available to carry forward . . . . .	b			
15 a	Investment interest expense disallowed . . . . .	15 a			
b	AMT Investment interest expense disallowed . . . . .	b			
16	Nonrecaptured net Section 1231 losses from:	16 a			
	a 2013 . . . . .	b			
	b 2012 . . . . .	c			
	c 2011 . . . . .	d			
	d 2010 . . . . .	e			
	e 2009 . . . . .	f			
	f 2008 . . . . .				

CUSTOMER SERVICE: 800-717-7228

**The Citizens Banking Company Refund Processing Agreement ('Agreement')**Name  
Evelyn E MathisSocial Security No.  
146-70-1676

This Agreement contains important terms, conditions and disclosures about the processing of your refund by The Citizens Banking Company of Sandusky, OH ('BANK'). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words 'you' and 'your' refer to the applicant or both the applicant and joint applicant if the 2013 federal income tax return is a joint return (individually and collectively, 'Applicant'). The words 'we,' 'us' and 'our' refer to BANK. The term 'Servicer' or 'Processor' refer to the BANK's third party processor, Santa Barbara Tax Products Group, LLC.

**1. NOTICE: No Requirement To Have BANK Process Your Refund In Order To File Electronically.**

YOU UNDERSTAND THAT BANK CHARGES A REFUND PROCESSING SERVICE FEE OF \$29.99 TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND, TO DEDUCT YOUR TURBOTAX FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING SERVICE FEE IS NOT A LOAN; IT IS DUE TO BANK WHETHER OR NOT THE REFUND PROCESSING SERVICE OCCURS. YOU CAN AVOID THIS FEE AND NOT USE BANK'S REFUND PROCESSING SERVICE BY, INSTEAD, PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2013 FEDERAL INCOME TAX RETURN AND ELECTING TO HAVE YOUR REFUND DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE IRS ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS. THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. IF YOU DO NOT USE THE REFUND PROCESSING SERVICE, BUT DO FILE YOUR TAX RETURN ELECTRONICALLY, AND HAVE YOUR FEDERAL TAX REFUND DIRECTLY DEPOSITED INTO A BANK ACCOUNT, YOU CAN EXPECT TO RECEIVE YOUR REFUND WITHIN 21 DAYS FROM WHEN THE IRS ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS. IF YOU ELECT TO RECEIVE YOUR FEDERAL TAX REFUND THROUGH THE MAIL, YOU CAN EXPECT TO RECEIVE YOUR REFUND IN 3 TO 4 WEEKS FROM WHEN THE IRS ACCEPTS YOUR RETURN. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

**2. Authorization to Release Personal Information.** You authorize the Internal Revenue Service ('IRS') to disclose any information to BANK related to the funding of your 2013 federal tax refund. You also authorize Intuit, as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to BANK and Processor for use in connection with the refund processing services being provided pursuant to this Agreement and BANK to share your information with Intuit. Neither Intuit, BANK, nor Processor will disclose or use your tax return information for any other purpose, except as permitted by law. BANK and Processor will not use your tax information or contact information for any marketing purpose. For more information concerning our privacy policy please see the disclosures at the end of this Agreement describing how BANK may use or share your personal information.

**3. Summary of Terms**

Expected Federal Refund . . . . .	\$	617.00
Less BANK Refund Processing Service Fee . . . . .	\$	29.99
Less TurboTax Fees . . . . .	\$	56.98
Less Additional Products and Services Purchased . . . . .	\$	
<b>Expected Proceeds*</b> . . . . .	\$	<b>530.03</b>

\*These charges are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, returned item and other processing fee (paid to BANK's Processor) as set forth in paragraphs 4 and 7 below.

*Case 18-33158 Document 53 Page 35 of 80*

Evelyn E Mathis

146-70-1676 Page 2

**4. Temporary Deposit Account Authorization.** You hereby authorize BANK to establish a temporary deposit account ('Deposit Account') for the purpose of receiving your tax year 2013 federal tax refund from the IRS. BANK must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize BANK to deduct from your Deposit Account the following amounts: (i) the BANK refund processing fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return (TurboTax Fees); and, (iii) amounts to pay for additional products and services purchased plus applicable taxes. You also authorize BANK to deduct twenty dollars (\$20) as a returned item processing fee from your Deposit Account in the event that your deposit is returned or you provide incorrect bank account or routing information, as set forth in the Note below paragraph 7 below. This fee shall be paid by BANK to its Processor. You authorize BANK to disburse the balance of the Deposit Account to you after making all authorized deductions or payments.

**5. Acknowledgements.** (a) You understand that: (i) BANK cannot guarantee the amount of your tax year 2013 federal tax refund or the date it will be issued, and (ii) BANK is not affiliated with the transmitter of the tax return (Intuit) and does not warrant the accuracy of the software used to prepare the tax return. (b) You agree that Intuit is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by BANK. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.

**6. Truth in Savings Disclosure.** The Deposit Account is being opened for the purpose of receiving your (both spouses if this is a jointly filed return) tax year 2013 federal tax refund. We will charge the fees set forth in Section 3 including \$29.99 for opening and maintaining the Account. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$20 if the refund cannot be delivered as directed in Section 4 of this application. an Account Research and Legal Processing fee of \$25 may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be paid by BANK to its Processor. Questions or concerns about the Deposit Account should be directed to: The Citizens Banking Company, 11085 North Torrey Pines road, Suite 210, La Jolla, CA 92037 or via the Internet at <http://cisc.sbtpg.com>.

**7. Disbursement Method:** You agree that the disbursement method selected below will be used by BANK to disburse funds to you.

a ☒ **Direct Deposit to Prepaid Debit Card:** If you choose this option, you authorize BANK to transfer the balance of your Deposit Account to the financial institution that supports your prepaid debit card, so that the financial institution may deposit the balance of your refund, as directed by you, on the respective prepaid debit card you have selected. **Additional fees will be charged for the use of the card. Please review the cardholder agreement associated with the use of your prepaid debit card provided by the participating financial institution to learn of other fees, charges, terms and conditions that will apply. BANK will not be responsible for your funds once they have been deposited with the respective financial institution.**

b ☐ **Direct Deposit to Checking or Savings Account:** If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH Direct Deposit to your personal bank or another account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

**DIRECT DEPOSIT ACCOUNT TYPE:**

☐ Checking  
☐ Savings

RTN number . . . . . \_\_\_\_\_

Account number . . . . . \_\_\_\_\_

**Note:** To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to BANK, the Deposit Account balance minus a \$20 returned item processing fee will be disbursed to you via a cashier's check mailed to your physical address of record. The BANK, its Processor or Intuit is not responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance

Evelyn E Mathis

146-70-1676 Page 3

on the part of you or your representative. The BANK will make every effort to deliver your Deposit Account balance to you. In cases where the BANK has received your federal tax refund but is unable to deliver the funds directly to you, funds may be held at the BANK until claimed, or returned to the IRS or State of residency. Additional return item and processing fees may be deducted from the Deposit Account for federal tax refunds that continue to be undeliverable and unclaimed and must be returned to the IRS or State. The amount of additional processing fees will be determined by the efforts required and the complexity of the transaction but will not exceed \$25. Processing fees will be paid by BANK to Processor.

**8. Federal Electronic Fund Transfer Act Disclosures.** The Federal Electronic Fund Transfer Act provides you with certain rights and obligations regarding the Federal and state income tax refund that will be electronically deposited into your Account established at The Citizens Banking Company for that purpose. If you believe that there is an error or if you have a question about your Account, write to The Citizens Banking Company, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037 or telephone (800) 901-6663 and provide The Citizens Banking Company with your name, a description or explanation of the error and the dollar amount of the suspected error. The Citizens Banking Company will advise you of the results of its investigation within 10 business days.

**Business Days:** Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

**Confidentiality:** We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant; or
- To comply with government agency or court orders; or
- If you give us your written permission; or
- As explained in the Privacy section of this disclosure

**Our Liability:** If we do not complete a transfer to your account on time or in the correct amount according to our agreement with you, we may be liable for your losses or damages. In addition to all other limitations of our liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (natural disasters, such as fire or flood) prevent the transfer, despite reasonable precautions that we have taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.

**9. Compensation.** In addition to any fees paid directly by you to Intuit, BANK will pay a portion of BANK's refund processing fee to: Intuit in consideration of Intuit's provision of various programming, testing, data processing, transmission, systems maintenance, status reporting and other software, technical and communications services. Additionally the BANK will pay compensation to the Servicer for its role as a processing agent.

**10. Governing Law.** The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive law of Ohio.

**11. Arbitration Provision.** This arbitration provision is made pursuant to a transaction involving interstate commerce and shall be governed by the Federal Arbitration Act. You agree that any and all disputes which in any way arise out of or relate to this Agreement, shall be resolved solely by binding arbitration before the American Arbitration Association ('AAA') before a single arbitrator in arbitration commenced as close as possible to where you reside. Any and all disputes must be brought in the parties' individual capacity, and not as a plaintiff or class member in any purported class or representative proceeding. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. Each party to any such arbitration shall bear its own separate costs and expenses of the arbitration and shall share equally in the charges of the AAA, including the fee of the arbitrator. However, if you are unable to pay any fee of the AAA or the arbitrator, we agree to pay those fees for you. By agreeing to arbitration, you and we are waiving our rights to file a lawsuit and proceed in court and to have a jury trial to resolve disputes. The word 'disputes' is given its broadest possible meaning, and includes all claims; disputes or controversies, including without limitation any claim or attempt to set aside this arbitration provision.

---

**12. USA Patriot Act Disclosure.** To help the government fight the funding of terrorism and money laundering activities. Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When we open a Deposit Account for you for the purpose of receiving your IRS federal tax refund or if you apply for one of our products, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask for your driver's license information or information from other identifying documents of yours.

#### Your Agreement

By selecting the **'I Agree'** button in TurboTax: (i) You authorize BANK to receive your 2013 federal tax refund from the IRS and to make the deductions from your refund described in the Agreement, (ii) You agree to receive all Communications electronically in accordance with the 'Consent to Conduct Business Electronically' section of the License Agreement for Tax Year 2013 TurboTax(R) Software and Services, as the term 'Communications' is defined therein, (iii) You consent to the release of your 2013 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting **'I Agree'** indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

---

Evelyn E Mathis

146-70-1676

CUSTOMER SERVICE: 800-717-7228

**FACTS** What does The Citizens Banking Company do with your Personal Information?

**Why?** Financial Companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

**What?** The types of personal information that we collect and share depend on the product or service you have with us. This can include:

- Social Security number and account balances
- payment history and transaction history
- overdraft history and account transactions

When you are no longer our customer, we continue to share your information as described in this notice.

**How?** All Financial Companies need to share customers' personal information to run their everyday business. In the section below we list the reasons financial companies can share their customers' personal information; the reasons The Citizens Banking Company chooses to share and whether you can limit the sharing.

Reasons we can share your personal information	Does The Citizens Banking Company Share?	Can you limit this sharing?
For our everyday business purposes such as to process your transaction, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No
For our marketing purposes — to offer our products and services to you.	No	We don't share
For joint marketing with other financial companies.	No	We don't share
For our affiliates' everyday business purposes — information about your transactions and experiences.	No	We don't share
For our affiliates' everyday business purposes — information about your creditworthiness.	No	We don't share
For our affiliates to market to you.	No	We don't share
For non affiliates to market to you.	No	We don't share

**Questions?** Toll Free: 800-717-7228 or go to [www.citizensbankco.com](http://www.citizensbankco.com)

Evelyn E Mathis

146-70-1676 Page 2

Who we are	
Who is providing this notice?	The Citizens Banking Company
What we do	
How does The Citizens Banking Company protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does The Citizens Banking Company collect my personal information?	We collect personal information about you when you apply for a tax related product. This includes information in your application, such as your name, address, social security number, income, deductions, refund and the like. We also collect information about your transactions with us, tax preparers and similar providers, such as payment histories, balances due, and tax information. We may also collect information concerning your credit history from a consumer reporting agency.
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> <li>• Sharing for affiliates everyday business purposes — information about your creditworthiness,</li> <li>• Affiliates from using your information to market to you,</li> <li>• Sharing for non affiliates to market to you.</li> </ul> <p>State laws and individual companies may give you additional rights to limit sharing.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>• The Citizens Banking Company does not share with our affiliates.</li> </ul>
Non affiliates	<p>Companies not related by common ownership or control. They can be financial or nonfinancial companies.</p> <ul style="list-style-type: none"> <li>• The Citizens Banking Company does not share with non affiliates so they can market to you.</li> </ul>
Joint Marketing	<p>A formal joint marketing agreement between non affiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> <li>• The Citizens Banking Company does not jointly market.</li> </ul>
Other Important Information	
<p>This Notice is adopted in recognition of our obligations under Title V of Gramm-Leach Bliley Act of 1999. This Notice applies only to individuals who have applied for a tax-related bank product.</p>	

## ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Evelyn E Mathis  
Primary SSN: 146-70-1676

Federal Return Submitted: February 22, 2014 10:31 AM PST  
Federal Return Acceptance Date: \_\_\_\_\_

Your return was electronically transmitted on 02/22/2014

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

### 1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

#### TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 15, 2014. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 15, 2014, your Intuit electronic postmark will indicate April 15, 2014, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 15, 2014, and a corrected return is submitted and accepted before April 20, 2014. If your return is submitted after April 20, 2014, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2014. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2014, and the corrected return is submitted and accepted by October 20, 2014.

### 2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.



**Internal Revenue Service**  
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 08-14-2018  
Response Date: 08-14-2018  
Tracking Number: 100403413710

Tax Return Transcript

SSN Provided: 146-70-1676  
Tax Period Ending: Dec. 31, 2014

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN: 146-70-1676  
SPOUSE SSN: 137-72-5931

NAME(S) SHOWN ON RETURN: EVELYN E MATHIS

ADDRESS: 75 S HARRISON ST  
EAST ORANGE, NJ 07018-1701-753

FILING STATUS:

...Married filing separate return and spouse is not required to file a return

FORM NUMBER: 1040

CYCLE POSTED: 20152505

RECEIVED DATE: Jun. 04, 2015

REMITTANCE: \$0.00

EXEMPTION NUMBER: 2

DEPENDENT 1 NAME CTRL:

DEPENDENT 1 SSN:

DEPENDENT 2 NAME CTRL:

DEPENDENT 2 SSN:

DEPENDENT 3 NAME CTRL:

DEPENDENT 3 SSN:

DEPENDENT 4 NAME CTRL:

DEPENDENT 4 SSN:

PTIN:

PREPARER EIN:

Income

WAGES, SALARIES, TIPS, ETC:	\$43,976.00
TAXABLE INTEREST INCOME: SCH B:	\$0.00
TAX-EXEMPT INTEREST:	\$0.00
ORDINARY DIVIDEND INCOME: SCH B:	\$0.00
QUALIFIED DIVIDENDS:	\$0.00
REFUNDS OF STATE/LOCAL TAXES:	\$0.00
ALIMONY RECEIVED:	\$0.00
BUSINESS INCOME OR LOSS (Schedule C):	\$0.00
BUSINESS INCOME OR LOSS: SCH C PER COMPUTER:	\$0.00
CAPITAL GAIN OR LOSS: (Schedule D):	\$0.00
CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:	\$0.00
OTHER GAINS OR LOSSES (Form 4797):	\$0.00
TOTAL IRA DISTRIBUTIONS:	\$0.00
TAXABLE IRA DISTRIBUTIONS:	\$0.00
TOTAL PENSIONS AND ANNUITIES:	\$0.00
TAXABLE PENSION/ANNUITY AMOUNT:	\$5,000.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E):	\$0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER:	\$0.00
RENT/ROYALTY INCOME/LOSS PER COMPUTER:	\$0.00
ESTATE/TRUST INCOME/LOSS PER COMPUTER:	\$0.00
PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER:	\$0.00
FARM INCOME OR LOSS (Schedule F):	\$0.00
FARM INCOME OR LOSS (Schedule F) PER COMPUTER:	\$0.00
UNEMPLOYMENT COMPENSATION:	\$0.00
TOTAL SOCIAL SECURITY BENEFITS:	\$0.00
TAXABLE SOCIAL SECURITY BENEFITS:	\$0.00
TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:	\$0.00
OTHER INCOME:	\$4,934.00
SCHEDULE EIC SE INCOME PER COMPUTER:	\$0.00
SCHEDULE EIC EARNED INCOME PER COMPUTER:	\$0.00
SCH EIC DISQUALIFIED INC COMPUTER:	\$0.00
TOTAL INCOME:	\$53,910.00
TOTAL INCOME PER COMPUTER:	\$53,910.00

Adjustments to Income

EDUCATOR EXPENSES:	\$0.00
EDUCATOR EXPENSES PER COMPUTER:	\$0.00
RESERVIST AND OTHER BUSINESS EXPENSE:	\$0.00

HEALTH SAVINGS ACCT DEDUCTION:.....\$0.00  
HEALTH SAVINGS ACCT DEDUCTION PER COMPTR:.....\$0.00  
MOVING EXPENSES: F3903:.....\$0.00  
SELF EMPLOYMENT TAX DEDUCTION:.....\$0.00  
SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER:.....\$0.00  
KEOGH/SEP CONTRIBUTION DEDUCTION:.....\$0.00  
SELF-EMP HEALTH INS DEDUCTION:.....\$0.00  
EARLY WITHDRAWAL OF SAVINGS PENALTY:.....\$0.00  
ALIMONY PAID SSN:.....\$0.00  
ALIMONY PAID:.....\$0.00  
IRA DEDUCTION:.....\$0.00  
IRA DEDUCTION PER COMPUTER:.....\$0.00  
STUDENT LOAN INTEREST DEDUCTION:.....\$0.00  
STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:.....\$0.00  
TUITION AND FEES DEDUCTION:.....\$0.00  
TUITION AND FEES DEDUCTION PER COMPUTER:.....\$0.00  
JURY DUTY PAY DEDUCTION:.....\$0.00  
DOMESTIC PRODUCTION ACTIVITIES DEDUCTION:.....\$0.00  
OTHER ADJUSTMENTS:.....\$0.00  
ARCHER MSA DEDUCTION:.....\$0.00  
ARCHER MSA DEDUCTION PER COMPUTER:.....\$0.00  
TOTAL ADJUSTMENTS:.....\$0.00  
TOTAL ADJUSTMENTS PER COMPUTER:.....\$0.00  
ADJUSTED GROSS INCOME:.....\$53,910.00  
ADJUSTED GROSS INCOME PER COMPUTER:.....\$53,910.00

Tax and Credits

65-OR-OVER:.....NO  
BLIND:.....NO  
SPOUSE 65-OR-OVER:.....NO  
SPOUSE BLIND:.....NO  
STANDARD DEDUCTION PER COMPUTER:.....\$6,200.00  
ADDITIONAL STANDARD DEDUCTION PER COMPUTER:.....\$0.00  
TAX TABLE INCOME PER COMPUTER:.....\$47,710.00  
EXEMPTION AMOUNT PER COMPUTER:.....\$7,900.00  
TAXABLE INCOME:.....\$39,810.00  
TAXABLE INCOME PER COMPUTER:.....\$39,810.00  
TOTAL POSITIVE INCOME PER COMPUTER:.....\$53,910.00  
TENTATIVE TAX:.....\$5,813.00  
TENTATIVE TAX PER COMPUTER:.....\$5,813.00  
FORM 8814 ADDITIONAL TAX AMOUNT:.....\$0.00  
TAX ON INCOME LESS SOC SEC INCOME PER COMPUTER:.....\$0.00  
FORM 6251 ALTERNATIVE MINIMUM TAX:.....\$0.00  
FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER:.....\$0.00  
FOREIGN TAX CREDIT:.....\$0.00  
FOREIGN TAX CREDIT PER COMPUTER:.....\$0.00  
FOREIGN INCOME EXCLUSION PER COMPUTER:.....\$0.00  
FOREIGN INCOME EXCLUSION TAX PER COMPUTER:.....\$0.00  
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT AMOUNT:.....\$0.00  
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT VERIFIED AMOUNT:.....\$0.00  
CHILD & DEPENDENT CARE CREDIT:.....\$0.00  
CHILD & DEPENDENT CARE CREDIT PER COMPUTER:.....\$0.00  
CREDIT FOR ELDERLY AND DISABLED:.....\$0.00  
CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:.....\$0.00  
EDUCATION CREDIT:.....\$0.00  
EDUCATION CREDIT PER COMPUTER:.....\$0.00  
GROSS EDUCATION CREDIT PER COMPUTER:.....\$0.00  
RETIREMENT SAVINGS CNTRB CREDIT:.....\$0.00  
RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER:.....\$0.00  
PRIM RET SAV CNTRB: F8880 LN6A:.....\$0.00  
SEC RET SAV CNTRB: F8880 LN6B:.....\$0.00  
TOTAL RETIREMENT SAVINGS CONTRIBUTION: F8880 CMPTR:.....\$0.00  
RESIDENTIAL ENERGY CREDIT:.....\$0.00  
RESIDENTIAL ENERGY CREDIT PER COMPUTER:.....\$0.00  
CHILD TAX CREDIT:.....\$0.00  
CHILD TAX CREDIT PER COMPUTER:.....\$0.00  
ADOPTION CREDIT: F8839:.....\$0.00  
ADOPTION CREDIT PER COMPUTER:.....\$0.00  
DC 1ST TIME HOMEBUYERS CREDIT:.....\$0.00  
DC 1ST TIME HOMEBUYERS CREDIT PER COMPUTER:.....\$0.00  
FORM 8396 MORTGAGE CERTIFICATE CREDIT:.....\$0.00  
FORM 8396 MORTGAGE CERTIFICATE CREDIT PER COMPUTER:.....\$0.00  
F3800, F8801 AND OTHER CREDIT AMOUNT:.....\$0.00  
FORM 3800 GENERAL BUSINESS CREDITS:.....\$0.00  
FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER:.....\$0.00  
PRIOR YR MIN TAX CREDIT: F8801:.....\$0.00  
PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER:.....\$0.00  
F8834 ELECTRIC VEHICLE CREDIT AMOUNT:.....\$0.00  
F8936 ELECTRIC MOTOR VEHICLE CREDIT AMOUNT:.....\$0.00  
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT AMOUNT:.....\$0.00  
OTHER CREDITS:.....\$0.00  
TOTAL CREDITS:.....\$0.00  
TOTAL CREDITS PER COMPUTER:.....\$0.00  
INCOME TAX AFTER CREDITS PER COMPUTER:.....\$5,813.00

Other Taxes

SE TAX:.....\$0.00  
SE TAX PER COMPUTER:.....\$0.00  
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS:.....\$0.00

Case Document 8 Page 43 of 80 Exhibit (E)

SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER:.....\$0.00  
 TAX ON QUALIFIED PLANS F5329 (PR):.....\$500.00  
 TAX ON QUALIFIED PLANS F5329 PER COMPUTER:.....\$500.00  
 IRAF TAX PER COMPUTER:.....\$0.00  
 TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER:.....\$6,313.00  
 IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER:.....\$6,313.00  
 OTHER TAXES PER COMPUTER:.....\$0.00  
 UNPAID FICA ON REPORTED TIPS:.....\$0.00  
 OTHER TAXES:.....\$0.00  
 RECAPTURE TAX: F8611:.....\$0.00  
 HOUSEHOLD EMPLOYMENT TAXES:.....\$0.00  
 HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER:.....\$0.00  
 RECAPTURE TAXES:.....\$0.00  
 TOTAL ASSESSMENT PER COMPUTER:.....\$6,313.00  
 TOTAL TAX LIABILITY TP FIGURES:.....\$6,313.00  
 TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:.....\$6,313.00

## Payments

FEDERAL INCOME TAX WITHHELD:.....\$4,351.00  
 HEALTH CARE: INDIVIDUAL RESPONSIBILITY:.....\$0.00  
 HEALTH CARE FULL-YEAR COVERAGE INDICATOR:.....1  
 COBRA PREMIUM SUBSIDY:.....\$0.00  
 ESTIMATED TAX PAYMENTS:.....\$0.00  
 OTHER PAYMENT CREDIT:.....\$0.00  
 REFUNDABLE EDUCATION CREDIT:.....\$0.00  
 REFUNDABLE EDUCATION CREDIT PER COMPUTER:.....\$0.00  
 REFUNDABLE EDUCATION CREDIT VERIFIED:.....\$0.00  
 EARNED INCOME CREDIT:.....\$0.00  
 EARNED INCOME CREDIT PER COMPUTER:.....\$0.00  
 EARNED INCOME CREDIT NONTAXABLE COMBAT PAY:.....\$0.00  
 SCHEDULE 8812 NONTAXABLE COMBAT PAY:.....\$0.00  
 EXCESS SOCIAL SECURITY & RRTA TAX WITHHELD:.....\$0.00  
 SCHEDULE 8812 TOT SS/MEDICARE WITHHELD:.....\$0.00  
 SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT:.....\$0.00  
 SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER:.....\$0.00  
 SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED:.....\$0.00  
 AMOUNT PAID WITH FORM 4868:.....\$0.00  
 FORM 2439 REGULATED INVESTMENT COMPANY CREDIT:.....\$0.00  
 FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS:.....\$0.00  
 FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS PER COMPUTER:.....\$0.00  
 HEALTH COVERAGE TX CR: F8885:.....\$0.00  
 FORM 8801 REFUNDABLE CREDIT FOR PRIOR YEAR MIN. TAX:.....\$0.00  
 PREMIUM TAX CREDIT AMOUNT:.....\$0.00  
 PREMIUM TAX CREDIT VERIFIED AMOUNT:.....\$0.00  
 PRIMARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:.....\$0.00  
 SECONDARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:.....\$0.00  
 FIRST TIME HOMEBUYER CREDIT REPAYMENT AMOUNT:.....\$0.00  
 FORM 5405 TOTAL HOMEBUYERS CREDIT REPAYMENT PER COMPUTER:.....\$0.00  
 SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER:.....\$0.00  
 SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER (2):.....\$0.00  
 FORM 2439 AND OTHER CREDITS:.....\$0.00  
 TOTAL PAYMENTS:.....\$4,351.00  
 TOTAL PAYMENTS PER COMPUTER:.....\$4,351.00

## Refund or Amount Owed

AMOUNT YOU OWE:.....\$1,989.00  
 APPLIED TO NEXT YEAR'S ESTIMATED TAX:.....\$0.00  
 ESTIMATED TAX PENALTY:.....\$27.00  
 TAX ON INCOME LESS STATE REFUND PER COMPUTER:.....\$0.00  
 BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:.....\$1,989.00  
 BAL DUE/OVER PYMT USING COMPUTER FIGURES:.....\$1,989.00  
 FORM 8888 TOTAL REFUND PER COMPUTER:.....\$0.00

## Third Party Designee

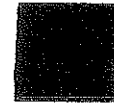
THIRD PARTY DESIGNEE ID NUMBER:.....  
 AUTHORIZATION INDICATOR:.....0  
 THIRD PARTY DESIGNEE NAME:.....

Form 8863 - Education Credits (Hope and Lifetime Learning Credits)

## PART III - ALLOWABLE EDUCATION CREDITS

GROSS EDUCATION CR PER COMPUTER:.....\$0.00  
 TOTAL EDUCATION CREDIT AMOUNT:.....\$0.00  
 TOTAL EDUCATION CREDIT AMOUNT PER COMPUTER:.....\$0.00

This Product Contains Sensitive Taxpayer Data

**H&R Block**  
**ADVANTAGE<sup>®</sup>****H&R BLOCK**Prepared For:  
EVELYN E. MATHIS

04/28/2015

**Today's Savings**

- \* By participating in a qualified retirement plan through your employer this year and making your contributions with pretax dollars, you reduced your taxes by: \$337.00
- \* In simple terms, the Marginal Tax Rate is the tax rate that you pay on your last dollar of taxable income. It is the highest federal tax bracket that affects your tax calculation. The Effective Tax Rate is the percentage of your total income that you paid in taxes. For 2014, your Marginal Tax Rate is 25% and your Effective Tax Rate is 12%.

**Total Savings..... \$337.00****Filing, Refund and Balance Due Information**

<b>Tax Return</b>	<b>efile</b>	<b>Refund / (Balance Due)</b>	<b>Summary</b>	<b>Message</b>
Federal	No	\$0.00	Balance Due	\$0.00 See the Filing Checklist for instructions.

This H&R Block Advantage document provides information that could help you improve your tax and financial situation. Its contents should be considered in conjunction with information you receive from other sources that are familiar with your specific circumstances. Tax services offered through subsidiaries of HRB Tax Group, Inc.



Your 2015 Eligibility:  
**Potentially Marketplace**  
 (based on your 2014 tax return)

# ACA Tax Impact Analysis: Your Personalized Review



The Affordable Care Act (ACA) is a federal law that says almost everyone must have health insurance or pay a tax penalty.

## Your 2014 Status:

You and all members in your household had qualified health insurance for all 12 months in 2014. Therefore, you were not assessed an ACA tax penalty. ACA tax penalties will increase next year for individuals without qualified coverage.

If you or members of your household purchased insurance through the Marketplace, your ACA Premium Tax Credit reconciliation details can be found on your Block Advantage 2014 Tax Return Summary.

### 2014 ACA Tax Penalty:

**\$ 0 . 00**

based on your 2014 tax return.

## Your 2015 Eligibility:

You may have the option to enroll in plans available on the Marketplace. However, you are likely not eligible for the Advance Premium Tax Credit. The Marketplace Open Enrollment Period ended 2/15/15. Outside of Open Enrollment, you can enroll only if you qualify for a Special Enrollment Period due to life events such as marriage, birth of child or job changes.

### For your Marketplace application, you will need to know:

Household Income: **\$ 53 , 910 . 00**

Household Size: **2**

Remember to update your information if anything changes.

### Potential 2015 ACA Tax Penalty:

**\$ 998 . 21**

if you and members of your household do not have qualified health insurance for the year and don't qualify for an exemption.

For more information about ACA and your taxes, visit [hrblock.com/acataximpact](http://hrblock.com/acataximpact).

View your personalized ACA Tax Impact Analysis in your MyBlock account. Visit [hrblock.com/myblock](http://hrblock.com/myblock) to log in.

## Need help getting health insurance?

H&R Block offers free, unbiased help enrolling in health insurance. Call 800-HR Block (800-472-5625) or visit [healthcare.hrblock.com](http://healthcare.hrblock.com)

**We're Open All Year!** Call 800-HRBLOCK (800-472-5625) or visit [hrblock.com](http://hrblock.com) to schedule an appointment.

The information provided herein is only an estimate for informational purposes only and does not constitute tax or legal advice or an official calculation of your potential ACA tax penalty. Your situation could differ based on other factors.

Exhibit (E)

**H&R Block**  
**ADVANTAGE®**

## 2014 Tax Return Summary

**Federal Year over Year Comparison**

	Year 2014	Year 2013	Change(\$)
<b>INCOME</b>			
Wages, salaries, tips	\$43,976	\$0	\$43,976
Taxable pensions	\$5,000	\$0	\$5,000
Other income	\$4,934	\$0	\$4,934
Total income	\$53,910	\$0	\$53,910
<b>ADJUSTED GROSS INCOME</b>			
Total income less total adjustments	\$53,910	\$0	\$53,910
<b>TAXABLE INCOME</b>			
Standard deductions	\$6,200	\$0	\$6,200
Exemptions	\$7,900	\$0	\$7,900
Taxable income	\$39,810	\$0	\$39,810
<b>TAX COMPUTATION</b>			
Income tax	\$5,813	\$0	\$5,813
Tax before credits	\$5,813	\$0	\$5,813
<b>OTHER TAXES</b>			
Tax on IRA and other plans	\$500	\$0	\$500
Total tax	\$6,313	\$0	\$6,313
<b>PAYMENTS</b>			
Federal withholding	\$4,351	\$0	\$4,351
Total payments	\$4,351	\$0	\$4,351
<b>AMOUNT DUE</b>			
Amount owed with return	\$1,989	\$0	\$1,989
Penalty for underpayment of tax	\$27	\$0	\$27
<b>OTHER COMPUTATIONS</b>			
Alternative minimum taxable income	\$53,910	\$0	\$53,910
Marginal tax bracket	25%		
Effective tax bracket	12%		
Filing status	Married Filing Separately		

H&amp;R BLOCK

## 2014 Federal Tax Return Filing Instructions

FOR THE YEAR ENDING

December 31, 2014

Prepared for	EVELYN E MATHIS	
Tax Summary	Gross Income ..... \$ 53,910 Adjusted Gross Income ..... \$ 53,910 Total Deductions ..... \$ 14,100 Total Taxable Income ..... \$ 39,810 Total Tax ..... \$ 6,313 Total Payments ..... \$ 4,351 Refund Amount ..... \$ 0 Amount You Owe ..... \$ 1,989	
Make check payable to	United States Treasury	
Mailing Address	Internal Revenue Service Center P.O. Box 931000 Louisville, KY 40293-1000	

## Instructions

STEP 1 - Sign and date Form 1040

STEP 2 - Assemble what you need to mail

Attach any schedules and forms behind Form 1040 in order of the Attachment Sequence Number shown in the upper right corner of the schedule or form. If there are supporting statements, arrange them in the same order as the schedules or forms they support and attach them last. Do not attach correspondence or other items unless required to do so. Attach a copy of each W-2, W-2G, and 2439 to the front of Form 1040. Also attach Form(s) 1099-R or 1099-G if tax was withheld.

STEP 3 - Pay balance due on your taxes

You have requested a monthly installment plan to pay the amount owed on your tax return. You indicated you would pay \$0 with this return. Make your check or money order payable to the United States Treasury. Do not send cash and do not forget to sign it. Write your Social Security number(s) and daytime phone number on your check or money order (U.S. funds only).

STEP 4 - Mail Form(s)

Mail Form 1040 and associated documents to the address above. Retain the proof of mailing to avoid a late filing penalty. We recommend you use one of these methods to send your 1040:

- U.S. Postal Service certified mail.

If you are not mailing to an address with a post office box, you may also use:

- Federal Express (FedEx): Priority Overnight, Standard Overnight, 2Day, International Priority, or International First
- United Parcel Service (UPS): Next Day Air, Next Day Air Saver, 2nd Day Air, or Worldwide Express

EVELYN E MATHIS

### 2014 Federal Filing Instructions Continued

---

#### Instructions

STEP 5 - Keep a copy

Print a copy of the return for your records.

Please attach a copy of each W-2, W-2G, 1099G and 1099R to your return.

Case 18-33158-JKS

exhibit (F)



# Internal Revenue Service

United States Department of the Treasury

PHILADELPHIA, PA 19255-1498

Tax 2016  
Joint

Tracking ID: 100463579603

Date of Issue: 08-10-2019

WILLIE MATHIS  
75 S HARRISON ST  
EAST ORANGE, NJ 07018

Taxpayer's Name: WILL MATH

Taxpayer Identification Number: XXX-XX-5931

Tax Period or Periods: December, 2016

Return: 1040

## Information About the Request We Received

We received a request dated August 10, 2019 for verification of non-filing of returns for above tax period or periods. We have no record of a filed Form 1040, 1040A, or 1040EZ using the above Social Security Number. You can consider this letter a verification of non-filing.

## How To Contact Us

Please call us at 1-800-829-0922 if you have any questions regarding this letter or if you need additional information.

Director  
Electronic Products & Svcs Support

*Patricia LaPosta*

Patricia LaPosta, Director  
Electronic Products & Svcs Support

**Instructions to Mail Federal Tax Return for:**

WILLIE MATHIS & EVELYN MATHIS  
75 SOUTH HARRISON ST  
EAST ORANGE, NJ 07018

*TAX 2016*  
*Exhibit (F)*

Your federal tax return shows an amount owed of \$2,229. Please be sure to complete the following checklist to finish filing your taxes. Your federal tax return is due April 18, 2017.

---

## Print and Sign Your Return

---

- ☐ Print a copy of your tax return.
- ☐ Sign and date the Form 1040 at the bottom of page 2 in the Sign Here section.
  - Both spouses must sign and date the tax return.

---

## Attach Documents

---

- ☐ Attach the federal copy of your W-2s that have federal tax withheld.

---

## Pay the Amount You Owe

---

- ☐ Pay the amount you owe by April 18th in order to avoid penalties.
  - You can pay by check, money order, credit card, debit card, or electronic payment.

---

## Mail Your Return

---

- ☐ Keep these instructions along with a copy of your tax return for your records.
- ☐ Mail your federal tax return to:

**Internal Revenue Service**  
**PO Box 931000**  
**Louisville, KY 40293-1000**

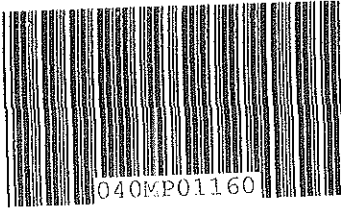
Form <b>1040</b>	Department of the Treasury—Internal Revenue Service (99)	<b>2016</b>	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.
For the year Jan. 1–Dec. 31, 2016, or other tax year beginning			, 20	
Your first name and initial		Last name	See separate instructions.	
WILLIE		MATHIS	Your social security number	
If a joint return, spouse's first name and initial		Last name	137   72   5931	
EVELYN		MATHIS	Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.	146   70   1676	
75 SOUTH HARRISON ST			▲ Make sure the SSN(s) above and on line 6c are correct.	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).		Presidential Election Campaign		
EAST ORANGE, NJ 07018		Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse		
Foreign country name		Foreign province/state/county	Foreign postal code	
Filing Status		4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶		
Check only one box.		5 <input type="checkbox"/> Qualifying widow(er) with dependent child		
Exemptions		6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a.		
b <input checked="" type="checkbox"/> Spouse		Boxes checked on 6a and 6b 2		
c Dependents:		No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions)		
(1) First name Last name		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
ARTHUR MATHIS		258   70   3844	PARENT	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>		Dependents on 6c not entered above 1		
d Total number of exemptions claimed		Add numbers on lines above ▶ 3		
Income		7 107,592.		
7 Wages, salaries, tips, etc. Attach Form(s) W-2		8a		
8a Taxable interest. Attach Schedule B if required		8b		
b Tax-exempt interest. Do not include on line 8a		9a		
9a Ordinary dividends. Attach Schedule B if required		9b		
b Qualified dividends		10		
10 Taxable refunds, credits, or offsets of state and local income taxes		11		
11 Alimony received		12		
12 Business income or (loss). Attach Schedule C or C-EZ		13		
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		14		
14 Other gains or (losses). Attach Form 4797		15b		
15a IRA distributions		16b		
16a Pensions and annuities		17		
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		18		
18 Farm income or (loss). Attach Schedule F		19		
19 Unemployment compensation		20b		
20a Social security benefits		21		
21 Other income. List type and amount		22 107,592.		
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶		23		
Adjusted Gross Income		24		
23 Educator expenses		25		
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ		26		
25 Health savings account deduction. Attach Form 8889		27		
26 Moving expenses. Attach Form 3903		28		
27 Deductible part of self-employment tax. Attach Schedule SE		29		
28 Self-employed SEP, SIMPLE, and qualified plans		30		
29 Self-employed health insurance deduction		31a		
30 Penalty on early withdrawal of savings		32		
31a Alimony paid b Recipient's SSN ▶		33		
32 IRA deduction		34		
33 Student loan interest deduction		35		
34 Tuition and fees. Attach Form 8917		36		
35 Domestic production activities deduction. Attach Form 8903		37		
36 Add lines 23 through 35		0.		
37 Subtract line 36 from line 22. This is your adjusted gross income		107,592.		

Form 1040 (2016) WILLIE MATHIS &amp; EVELYN MATHIS

<b>38</b> Amount from line 37 (adjusted gross income)		<b>38</b>	107,592.
<b>Tax and Credits</b>	<b>39a</b> Check <input type="checkbox"/> <b>You</b> were born before January 2, 1952, <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1952, <input type="checkbox"/> <b>Blind.</b> <input type="checkbox"/> <b>Blind.</b> <input type="checkbox"/> <b>Total boxes checked</b> <b>39a</b> <input type="checkbox"/>		
	<b>b</b> If your spouse itemizes on a separate return or you were a dual-status alien, check here <b>39b</b> <input type="checkbox"/>		
	<b>40</b> <b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	12,600.
	<b>41</b> Subtract line 40 from line 38	<b>41</b>	94,992.
	<b>42</b> <b>Exemptions.</b> If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	<b>42</b>	12,150.
	<b>43</b> <b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	82,842.
	<b>44</b> <b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	12,249.
	<b>45</b> <b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
	<b>46</b> Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
	<b>47</b> Add lines 44, 45, and 46	<b>47</b>	12,249.
<b>48</b> Foreign tax credit. Attach Form 1116 if required	<b>48</b>		
<b>49</b> Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>		
<b>50</b> Education credits from Form 8863, line 19	<b>50</b>		
<b>51</b> Retirement savings contributions credit. Attach Form 8880	<b>51</b>		
<b>52</b> Child tax credit. Attach Schedule 8812, if required	<b>52</b>		
<b>53</b> Residential energy credits. Attach Form 5695	<b>53</b>		
<b>54</b> Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>		
<b>55</b> Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>	0.	
<b>56</b> Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	12,249.	
<b>57</b> Self-employment tax. Attach Schedule SE	<b>57</b>		
<b>58</b> Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>		
<b>59</b> Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>		
<b>60a</b> Household employment taxes from Schedule H	<b>60a</b>		
<b>b</b> First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>		
<b>61</b> Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>		
<b>62</b> Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>		
<b>63</b> Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	12,249.	
<b>64</b> Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	10,020.	
<b>65</b> 2016 estimated tax payments and amount applied from 2015 return	<b>65</b>		
<b>66a</b> <b>Earned income credit (EIC)</b> <input type="checkbox"/> <b>NO</b>	<b>66a</b>		
<b>b</b> Nontaxable combat pay election <b>66b</b>	<b>66b</b>		
<b>67</b> Additional child tax credit. Attach Schedule 8812	<b>67</b>		
<b>68</b> American opportunity credit from Form 8863, line 8	<b>68</b>		
<b>69</b> Net premium tax credit. Attach Form 8962	<b>69</b>		
<b>70</b> Amount paid with request for extension to file	<b>70</b>		
<b>71</b> Excess social security and tier 1 RRTA tax withheld	<b>71</b>		
<b>72</b> Credit for federal tax on fuels. Attach Form 4136	<b>72</b>		
<b>73</b> Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>		
<b>74</b> Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	10,020.	
<b>75</b> If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>		
<b>76a</b> Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<b>76a</b>		
<b>b</b> Routing number			
<b>d</b> Account number			
<b>77</b> Amount of line 75 you want <b>applied to your 2017 estimated tax</b>	<b>77</b>		
<b>78</b> Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	<b>78</b>	2,229.	
<b>79</b> Estimated tax penalty (see instructions)	<b>79</b>		
<b>Third Party Designee</b> Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> <b>Yes</b> . Complete below. <input checked="" type="checkbox"/> <b>No</b>			
Designee's name	Phone no.	Personal identification number (PIN)	
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
<b>Sign Here</b> Your signature	Date	Your occupation DOCK SUPERVISOR	
Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.	Date	
		Spouse's occupation CLERK	
Print/Type preparer's name	Preparer's signature SELF - PREPARED	Date	
Firm's name	Firm's EIN	Check <input type="checkbox"/> if self-employed	
Firm's address	Phone no.	PTIN	

STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN

NJ-1040  
2016  
Page 1



For Privacy Act Notification, See Instructions  
For Tax Year Jan. - Dec. 2016 or Other Tax Year  
Beginning \_\_\_\_\_, 20\_\_\_\_ Month Ending \_\_\_\_\_, 20\_\_\_\_  
On-line Federal Extension Confirmation # \_\_\_\_\_

MATHIS WILLIE & EVELYN

75 SOUTH HARRISON ST

EAST ORANGE

NJ 07018

0705

1201 12

137725931 146701676



Under the penalties of perjury, I declare that I have examined this income tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

> \_\_\_\_\_  
Your Signature Date

> \_\_\_\_\_  
Spouse/CU Partner's Signature (If filed jointly both must sign)

Fill in if NJ-1040-O is enclosed

If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 11)

Paid Preparer's Signature

Federal Identification Number

Firm's Name

Federal Employer Identification Number

Pay amount on Line 56 in full. Write Social Security number(s) on check or money order and make payable to: STATE OF NEW JERSEY - TGI

Mail your return in the envelope provided and affix the appropriate mailing label.

If you have an amount due on Line 56, enclose your check and NJ-1040-V payment voucher with your return and use the label for PO Box 111.

If not, use the label for PO Box 555.  
You may also pay by e-check or credit card. See instruction page 11.

NJ-1040 (2016)

PAGE 2



MATHIS WILLIE &amp; EVELYN

137725931

1201

**Residency Status** IF YOU WERE A NEW JERSEY RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NEW JERSEY RESIDENCY  
FROM TO

**FILING STATUS**

1. SINGLE  
2. MARRIED/CU COUPLE FILING JOINT RETURN **X**  
3. MARRIED/CU COUPLE FILING SEPARATE RETURN  
4. HEAD OF HOUSEHOLD  
5. QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER

**CHECKBOXES FOR EXEMPTIONS**

- REGULAR SPOUSE/CU PARTNER **X** DOMESTIC PARTNER  
AGE 65 OR OLDER YOURSELF SPOUSE/CU PARTNER  
BLIND OR DISABLED YOURSELF SPOUSE/CU PARTNER

**EXEMPTIONS**

6. REGULAR 2  
7. AGE 65 OR OVER  
8. BLIND OR DISABLED  
9. NUMBER OF QUALIFIED DEPENDENT CHILDREN  
10. NUMBER OF OTHER DEPENDENTS 1  
11. DEPENDENTS ATTENDING COLLEGE  
12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11) 2  
12B. TOTAL (LINE 12B - ADD LINES 9 AND 10) 1

**DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)**  
LAST NAME, FIRST NAME, MIDDLE INITIAL SOCIAL SECURITY NUMBER  
A. MATHIS, ARTHUR 258-70-3844

BIRTH YEAR  
1942

HEALTH INS IND

**GOVERNATORIAL ELECTIONS FUND**

DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND?  
IF JOINT RETURN, DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1?

YES NO X  
YES NO X

14. WAGES, SALARIES, TIPS, AND OTHER EMPLOYEE COMPENSATION (ENCL W-2) BE SURE TO USE STATE WAGES FROM BOX 16 OF YOUR W-2(S) (SEE INSTR) 111956  
15A. TAXABLE INTEREST INCOME (SEE INSTRUCTIONS) (ENCLOSE FEDERAL SCHEDULE B IF OVER \$1,500)  
15B. TAX EXEMPT INTEREST INCOME (SEE INSTRUCTIONS) (ENCLOSE SCHEDULE) DO NOT INCLUDE ON LINE 15A  
16. DIVIDENDS  
17. NET PROFITS FROM BUSINESS (SCHEDULE NJ-BUS-1, PART I, LINE 4) (ENCLOSE COPY OF FEDERAL SCHEDULE C, FORM 1040)  
18. NET GAINS FROM DISPOSITION OF PROPERTY (SCHEDULE B, LINE 4)  
19A. PENSIONS, ANNUITIES, AND IRA WITHDRAWALS (SEE INSTRUCTION PAGE 20)  
19B. EXCLUDABLE PENSIONS, ANNUITIES, AND IRA WITHDRAWALS  
20. DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME (SCH NJ-BUS-1, PART II, LINE 4) (SEE INSTR PAGE 24) (ENCLOSE SCH NJ-K-1 OR FEDERAL SCH K-1)  
21. NET PRO RATA SHARE OF S CORPORATION INCOME (SCH NJ-BUS-1, PART III, LINE 4) (SEE INSTR PAGE 24) (ENCLOSE SCH NJ-K-1 OR FEDERAL SCH K-1)  
22. NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS & COPYRIGHTS (SCHEDULE NJ-BUS-1, PART IV, LINE 4)  
23. NET GAMBLING WINNINGS (SEE INSTRUCTION PAGE 24)  
24. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS RECEIVED  
25. OTHER (ENCLOSE SCHEDULE) (SEE INSTRUCTION PAGE 24)  
26. TOTAL INCOME (ADD LINES 14, 15A, 16, 17, 18, 19A, AND 20 THROUGH 25)  
27A. PENSION EXCLUSION (SEE INSTRUCTION PAGE 25)  
27B. OTHER RETIREMENT INCOME EXCLUSIONS (SEE WORKSHEET AND INSTRUCTION PAGE 26)  
27C. TOTAL EXCLUSION AMOUNT (ADD LINE 27A AND LINE 27B)  
28. NEW JERSEY GROSS INCOME (SUBTRACT LINE 27C FROM LINE 26) (SEE INSTRUCTION PAGE 27)  
29. TOTAL EXEMPTION AMOUNT (SEE INSTRUCTION PAGE 27 TO CALCULATE AMOUNT) (PART YEAR RESIDENTS SEE INSTRUCTION PAGE 6)  
30. MEDICAL EXPENSES (SEE WORKSHEET AND INSTRUCTION PAGE 27)  
31. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS  
32. QUALIFIED CONSERVATION CONTRIBUTION  
33. HEALTH ENTERPRISE ZONE DEDUCTION  
34. ALTERNATIVE BUSINESS CALCULATION ADJUSTMENT (SCHEDULE NJ-BUS-2, LINE 11)  
35. TOTAL EXEMPTIONS AND DEDUCTIONS (ADD LINES 29 THROUGH 34)  
36. TAXABLE INCOME (SUBTRACT LINE 35 FROM LINE 28) IF ZERO OR LESS, MAKE NO ENTRY

111956

111956

3500

3500

108456

NJ-2450

**EMPLOYEE'S CLAIM FOR CREDIT  
 FOR EXCESS UI/WF/SWF, DISABILITY INSURANCE, AND/OR  
 FAMILY LEAVE INSURANCE CONTRIBUTIONS FOR CALENDAR YEAR 2016**

Claimant Social Security No. 137   72   5931	Name: MATHIS WILLIE
Note on Joint NJ-1040 Return: Each spouse/CU partner must file a separate form when claiming a refund for excess contributions.	Address: 75 SOUTH HARRISON ST City, State, Zip Code: EAST ORANGE, NJ 07018

To establish a right to this credit, claimants are required to complete the items below (information is to be transcribed from W-2 forms enclosed with your New Jersey State Income Tax return). Any items not substantiated by a W-2 or any information that is incomplete will cause the claim to be rejected. The amount withheld for the Unemployment Insurance/Workforce Development/Supplemental Workforce Funds, disability insurance, and the amount of Family Leave Insurance withheld must be reported separately on all W-2 statements.

TAKE ALL INFORMATION FROM YOUR W-2 FORMS. If the amount deducted by any one employer exceeds the maximum for either UI/WF/SWF, disability insurance, or Family Leave Insurance, insert the maximum in the appropriate Column(s) and contact that employer for a refund of the balance of the deduction.		COLUMN A UI/WF/SWF DEDUCTED	COLUMN B DISABILITY INSURANCE DEDUCTED	COLUMN C FAMILY LEAVE INSURANCE DEDUCTED
1A.	Employer's Name: FOREM FACILITY MANAGEMENT LLC Fed. Emp. I.D. #: 274285539 Private Plan #: Wages: 58,133			26
B.	Employer's Name: NORTHEAST PERSONNEL SERVICES Fed. Emp. I.D. #: 223702902 Private Plan #: Wages: 1,200			1
C.	Employer's Name: Fed. Emp. I.D. #: Private Plan #: Wages:			
D.	Employer's Name: Fed. Emp. I.D. #: Private Plan #: Wages:			
E.	Employer's Name: Fed. Emp. I.D. #: Private Plan #: Wages:			
F.	Employer's Name: Fed. Emp. I.D. #: Private Plan #: Wages:			
G.	*If additional space is required, enclose a rider and enter the total on this line.			27
2.	Total Deducted: Add Lines 1A through 1G. Enter here.	138.56	65.20	26.08
3.	Correct UI/WF/SWF, Disability Insurance, and/or Family Leave Deductions.			
4.	Deduct Line 3 Col. A from Line 2 Col. A. Enter on Page 3, Line 52 of the NJ-1040.			
5.	Deduct Line 3 Col. B from Line 2 Col. B. Enter on Page 3, Line 53 of the NJ-1040.			1
6.	Deduct Line 3 Col. C from Line 2 Col. C. Enter on Page 3, Line 54 of the NJ-1040.			

I hereby apply for a credit for worker contributions deducted in excess of \$138.56 for N.J. UI/WF/SWF and/or in excess of \$65.20 for NJ Disability Insurance and/or in excess of \$26.08 for NJ Family Leave Insurance deductions by reason of having received wages from two or more employers during the above calendar year and hereby submit the following statement of wages and deductions.

Date: \_\_\_\_\_

Claimant's Signature: \_\_\_\_\_

NJ-2450

# **EMPLOYEE'S CLAIM FOR CREDIT FOR EXCESS UI/WF/SWF, DISABILITY INSURANCE, AND/OR FAMILY LEAVE INSURANCE CONTRIBUTIONS FOR CALENDAR YEAR 2016**

Claimant Social Security No. 1 4 6   7 0   1 6 7 6	Name: MATHIS EVELYN
Note on Joint NJ-1040 Return: Each spouse/CU partner must file a separate form when claiming a refund for excess contributions.	Address: 75 SOUTH HARRISON ST City, State, Zip Code: EAST ORANGE, NJ 07018

To establish a right to this credit, claimants are required to complete the items below (information is to be transcribed from W-2 forms enclosed with your New Jersey State Income Tax return). Any items not substantiated by a W-2 or any information that is incomplete will cause the claim to be rejected. The amount withheld for the Unemployment Insurance/Workforce Development/Supplemental Workforce Funds, disability insurance, and the amount of Family Leave Insurance withheld must be reported separately on all W-2 statements.

TAKE ALL INFORMATION FROM YOUR W-2 FORMS. If the amount deducted by any one employer exceeds the maximum for either UI/WF/SWF, disability insurance, or Family Leave Insurance, insert the maximum in the appropriate Column(s) and contact that employer for a refund of the balance of the deduction.		COLUMN A UI/WF/SWF DEDUCTED	COLUMN B DISABILITY INSURANCE DEDUCTED	COLUMN C FAMILY LEAVE INSURANCE DEDUCTED
1A. Employer's Name: HORIZON HEALTHCARE SERVICES INC				
Fed. Emp. I.D. #: 220999690				
Private Plan #: Wages: 43,558				26
B. Employer's Name: TARGET CORPORATION				
Fed. Emp. I.D. #: 410215170				
Private Plan #: Wages: 9,065				7
C. Employer's Name:				
Fed. Emp. I.D. #:				
Private Plan #: Wages:				
D. Employer's Name:				
Fed. Emp. I.D. #:				
Private Plan #: Wages:				
E. Employer's Name:				
Fed. Emp. I.D. #:				
Private Plan #: Wages:				
F. Employer's Name:				
Fed. Emp. I.D. #:				
Private Plan #: Wages:				
G. *If additional space is required, enclose a rider and enter the total on this line.				
2. Total Deducted: Add Lines 1A through 1G. Enter here.				33
3. Correct UI/WF/SWF, Disability Insurance, and/or Family Leave Deductions.	138.56	65.20		26.08
4. Deduct Line 3 Col. A from Line 2 Col. A. Enter on Page 3, Line 52 of the NJ-1040.				
5. Deduct Line 3 Col. B from Line 2 Col. B. Enter on Page 3, Line 53 of the NJ-1040.				
6. Deduct Line 3 Col. C from Line 2 Col. C. Enter on Page 3, Line 54 of the NJ-1040.				7

I hereby apply for a credit for worker contributions deducted in excess of \$138.56 for N.J. UI/WF/SWF and/or in excess of \$65.20 for NJ Disability Insurance and/or in excess of \$26.08 for NJ Family Leave Insurance deductions by reason of having received wages from two or more employers during the above calendar year and hereby submit the following statement of wages and deductions.

Claimant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Internal Revenue Service**  
United States Department of the Treasury

Sep

Tax 2017

PHILADELPHIA, PA 19255-1498

Tracking ID: 100463579730

Date of Issue: 08-10-2019

WILLIE MATHIS  
75 S HARRISON ST  
EAST ORANGE, NJ 07018

Taxpayer's Name: WILL MATH

Taxpayer Identification Number: XXX-XX-5931

Tax Period or Periods: December, 2017

Return: 1040

Information About the Request We Received

We received a request dated August 10, 2019 for verification of non-filing of returns for above tax period or periods. We have no record of a filed Form 1040, 1040A, or 1040EZ using the above Social Security Number. You can consider this letter a verification of non-filing.

How To Contact Us

Please call us at 1-800-829-0922 if you have any questions regarding this letter or if you need additional information.

*Case 18-33158-JKS*

*Exhibit (G)*

Sincerely Yours,

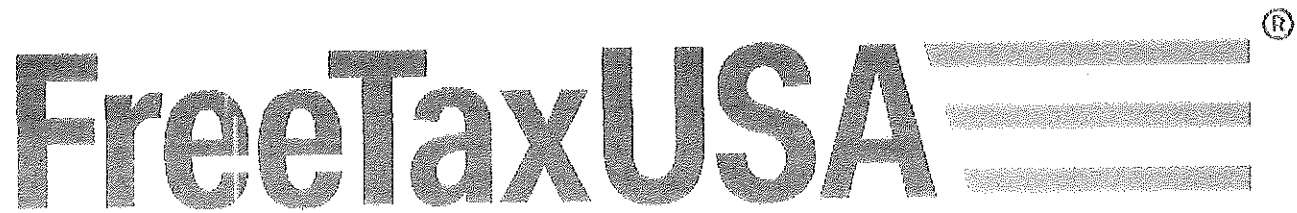
Director

Electronic Products & Svcs Support

*Patricia LaPosta*

Patricia LaPosta, Director

Electronic Products & Svcs Support



# 2017 Income Tax Return

## Federal Return

Thank you for using  
FreeTaxUSA.com to prepare your  
2017 income tax return.

You can view the status of your e-filed tax return by  
signing in to your account at [www.freetaxusa.com](http://www.freetaxusa.com).

2018 tax preparation on FreeTaxUSA.com will be  
available starting in January of 2019.

We look forward to preparing your 2018 tax return.

Case 18-33158-JKS

exhibit (G)

**Instructions to Mail Federal Tax Return for:**

WILLIE MATHIS  
75 SOUTH HARRISON ST  
EAST ORANGE, NJ 07018

Your federal tax return shows a refund of \$138. Please be sure to complete the following checklist to finish filing your taxes. Your federal tax return is due April 17, 2018.

---

**Print and Sign Your Return**

- ☐ Print a copy of your tax return.
- ☐ Sign and date the Form 1040 at the bottom of page 2 in the Sign Here section.

---

**Attach Documents**

- ☐ Attach the federal copy of your W-2s that have federal tax withheld.

---

**Mail Your Return**

- ☐ Keep these instructions along with a copy of your tax return for your records.
- ☐ Mail your federal tax return to:

Department of the Treasury  
Internal Revenue Service  
Kansas City, MO 64999-0002

Case 18-33158-JKS

exhibit (G)

Form <b>1040</b>	Department of the Treasury—Internal Revenue Service (99)	<b>2017</b>	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.																				
For the year Jan. 1–Dec. 31, 2017, or other tax year beginning			2017, ending																					
Your first name and initial <b>WILLIE</b>		Last name <b>MATHIS</b>		See separate instructions. Your social security number <b>137 72 5931</b>																				
If a joint return, spouse's first name and initial		Last name		Spouse's social security number																				
Home address (number and street). If you have a P.O. box, see instructions. <b>75 SOUTH HARRISON ST</b>			Apt. no.	<input checked="" type="checkbox"/> Make sure the SSN(s) above and on line 6c are correct. <b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse																				
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>EAST ORANGE, NJ 07018</b>			Foreign province/state/county																					
Foreign country name			Foreign postal code																					
<b>Filing Status</b> Check only one box. 1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. <input type="checkbox"/> 4 <input checked="" type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. <input type="checkbox"/> 5 <input type="checkbox"/> Qualifying widow(er) (see instructions)																								
<b>Exemptions</b> 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. b <input type="checkbox"/> Spouse <table border="1"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)</th> </tr> </thead> <tbody> <tr> <td>ERIC</td> <td>MATHIS</td> <td>152 84 2473</td> <td>SON</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> If more than four dependents, see instructions and check here <input type="checkbox"/> Boxes checked on 6a and 6b: <b>1</b> No. of children on 6c who: • lived with you: <b>1</b> • did not live with you due to divorce or separation (see instructions): Dependents on 6c not entered above: <b>2</b> Add numbers on lines above: <b>2</b>					(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)	ERIC	MATHIS	152 84 2473	SON	<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)																				
ERIC	MATHIS	152 84 2473	SON	<input type="checkbox"/>																				
				<input type="checkbox"/>																				
				<input type="checkbox"/>																				
<b>Income</b> Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see instructions.																								
d Total number of exemptions claimed <b>7</b> 7 Wages, salaries, tips, etc. Attach Form(s) W-2 8a Taxable interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a 9a Ordinary dividends. Attach Schedule B if required b Qualified dividends 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 16a Pensions and annuities 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits 21 Other income. List type and amount 22 Combine the amounts in the far right column for lines 7 through 21. This is your <b>total income</b> <b>57,164.</b>																								
<b>Adjusted Gross Income</b> 23 Educator expenses 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 25 Health savings account deduction. Attach Form 8889 26 Moving expenses. Attach Form 3903 27 Deductible part of self-employment tax. Attach Schedule SE 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN 32 IRA deduction 33 Student loan interest deduction 34 Tuition and fees. Attach Form 8917 35 Domestic production activities deduction. Attach Form 8903 36 Add lines 23 through 35 37 Subtract line 36 from line 22. This is your <b>adjusted gross income</b> <b>57,164.</b>																								

Case 18-33158-JKS

137-72-5931 Page 2

Form 1040 (2017) WILLIE MATHIS

38		Amount from line 37 (adjusted gross income)	38	57,164.
Tax and Credits	39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
		if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. checked <input type="checkbox"/> 39b		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	9,350.
	41	Subtract line 40 from line 38	41	47,814.
	42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	8,100.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	39,714.
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	5,291.
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
Standard Deduction for—	47	Add lines 44, 45, and 46	47	5,291.
	48	Foreign tax credit. Attach Form 1116 if required	48	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	
	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Child tax credit. Attach Schedule 8812, if required	52	
	53	Residential energy credits. Attach Form 5695	53	200.
	54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	55	Add lines 48 through 54. These are your total credits	55	200.
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	5,091.
Other Taxes	57	Self-employment tax. Attach Schedule SE	57	
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
	63	Add lines 56 through 62. This is your total tax	63	5,091.
	64	Federal income tax withheld from Forms W-2 and 1099	64	5,229.
	65	2017 estimated tax payments and amount applied from 2016 return	65	
Payments	66a	Earned income credit (EIC) NO.	66a	
	b	Nontaxable combat pay election <input type="checkbox"/> 66b	66b	
	67	Additional child tax credit. Attach Schedule 8812	67	
	68	American opportunity credit from Form 8863, line 8	68	
	69	Net premium tax credit. Attach Form 8962	69	
	70	Amount paid with request for extension to file	70	
	71	Excess social security and tier 1 RRTA tax withheld	71	
	72	Credit for federal tax on fuels. Attach Form 4136	72	
	73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	5,229.
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	138.
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	138.
	b	Routing number		
	d	Account number		
	77	Amount of line 75 you want applied to your 2018 estimated tax <input type="checkbox"/> 77	77	
	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	0.
	79	Estimated tax penalty (see instructions)	79	
	Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No		
	Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Paid Preparer Use Only	Print/Type preparer's name Preparer's signature SELF-PREPARED Date		

Case 18-33158-JKS

exhibit (G)

Form **5695**Department of the Treasury  
Internal Revenue Service

## Residential Energy Credits

- ☐ Go to [www.irs.gov/Form5695](http://www.irs.gov/Form5695) for instructions and the latest information.
- ☐ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

**2017**Attachment  
Sequence No. 158

Name(s) shown on return

Your social security number

137-72-5931

WILLIE MATHIS

Part I Residential Energy Efficient Property Credit (See instructions before completing this part.)

Note: Skip lines 1 through 11 if you only have a credit carryforward from 2016.

1 Qualified solar electric property costs

2 Qualified solar water heating property costs

3 Qualified small wind energy property costs

4 Qualified geothermal heat pump property costs

5 Add lines 1 through 4

6 Multiply line 5 by 30% (0.30)

7a Qualified fuel cell property. Was qualified fuel cell property installed on or in connection with your main home located in the United States? (See instructions) ☐

Caution: If you checked the "No" box, you cannot take a credit for qualified fuel cell property. Skip lines 7b through 11.

b Print the complete address of the main home where you installed the fuel cell property.

Number and street Unit No.

City, State, and ZIP code

8 Qualified fuel cell property costs

9 Multiply line 8 by 30% (0.30)

10 Kilowatt capacity of property on line 8 above ☐ x \$1,000

11 Enter the smaller of line 9 or line 10

12 Credit carryforward from 2016. Enter the amount, if any, from your 2016 Form 5695, line 16

13 Add lines 6, 11, and 12

14 Limitation based on tax liability. Enter the amount from the Residential Energy Efficient Property Credit Limit Worksheet (see instructions)

15 Residential energy efficient property credit. Enter the smaller of line 13 or line 14. Also include this amount on Form 1040, line 53; or Form 1040NR, line 50

16 Credit carryforward to 2018. If line 15 is less than line 13, subtract line 15 from line 13

Cat. No. 13540P

Form 5695 (2017)

For Paperwork Reduction Act Notice, see your tax return instructions.

Case 18-33158-JKS

Exhibit (G)

Form 5695 (2017)

**Part II Nonbusiness Energy Property Credit**

<p>17a Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions) <input type="checkbox"/></p> <p>Caution: If you checked the "No" box, you cannot claim the nonbusiness energy property credit. Do not complete Part II.</p> <p>b Print the complete address of the main home where you made the qualifying improvements. Caution: You can only have one main home at a time.</p> <p style="margin-left: 40px;">75 SOUTH HARRISON ST Number and street</p> <p style="margin-left: 40px;">EAST ORANGE, NJ 07018 City, State, and ZIP code</p> <p>c Were any of these improvements related to the construction of this main home? <input type="checkbox"/></p> <p>Caution: If you checked the "Yes" box, you can only claim the nonbusiness energy property credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.</p> <p>18 Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions) . . .</p> <p>19 Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions).</p> <p>a Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC . . .</p> <p>b Exterior doors that meet or exceed the version 6.0 Energy Star program requirements . . .</p> <p>c Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home . . .</p> <p>d Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements . . .</p> <p>e Maximum amount of cost on which the credit can be figured . . .</p> <p>f If you claimed window expenses on your Form 5695 prior to 2017, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0- . . .</p> <p>g Subtract line 19f from line 19e. If zero or less, enter -0- . . .</p> <p>h Enter the smaller of line 19d or line 19g . . .</p> <p>20 Add lines 19a, 19b, 19c, and 19h . . .</p> <p>21 Multiply line 20 by 10% (0.10) . . .</p> <p>22 Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).</p> <p>a Energy-efficient building property. Do not enter more than \$300 . . .</p> <p>b Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150 . . .</p> <p>c Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50 . . .</p> <p>23 Add lines 22a through 22c . . .</p> <p>24 Add lines 21 and 23 . . .</p> <p>25 Maximum credit amount. (If you jointly occupied the home, see instructions) . . .</p> <p>26 Enter the amount, if any, from line 18 . . .</p> <p>27 Subtract line 26 from line 25. If zero or less, stop; you cannot take the nonbusiness energy property credit . . .</p> <p>28 Enter the smaller of line 24 or line 27 . . .</p> <p>29 Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit Limit Worksheet (see instructions) . . .</p> <p>30 Nonbusiness energy property credit. Enter the smaller of line 28 or line 29. Also include this amount on Form 1040, line 53; or Form 1040NR, line 50 . . .</p>	<p>17a <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17c <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>18 135.</p> <p>19a</p> <p>19b</p> <p>19c</p> <p>19d</p> <p>19e 2,000.</p> <p>19f</p> <p>19g 2,000.</p> <p>19h</p> <p>20</p> <p>21</p> <p>22a</p> <p>22b 150.</p> <p>22c 50.</p> <p>23 200.</p> <p>24 200.</p> <p>25 500.</p> <p>26 135.</p> <p>27 365.</p> <p>28 200.</p> <p>29 5,291.</p> <p>30 200.</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Form 5695 (2017)

Case 18-33158-JKS

TAX 2017

separate

exhibit (H)



# Internal Revenue Service

## United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 08-14-2018  
 Response Date: 08-14-2018  
 Tracking Number: 100403414763

## Tax Return Transcript

SSN Provided: 146-70-1676  
 Tax Period Ending: Dec. 31, 2017

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN: 146-70-1676  
 SPOUSE SSN: 137-72-5931

NAME(S) SHOWN ON RETURN: EVELYN MATHIS

ADDRESS: 75 S HARRISON ST  
 EAST ORANGE, NJ 07018-1701-753

Married Filing Separate  
 1040  
 20183205  
 Jul.31, 2018  
 \$0.00  
 1

FILING STATUS:  
 FORM NUMBER:  
 CYCLE POSTED:  
 RECEIVED DATE:  
 REMITTANCE:  
 EXEMPTION NUMBER:  
 DEPENDENT 1 NAME CTRL:  
 DEPENDENT 1 SSN:  
 DEPENDENT 2 NAME CTRL:  
 DEPENDENT 2 SSN:  
 DEPENDENT 3 NAME CTRL:  
 DEPENDENT 3 SSN:  
 DEPENDENT 4 NAME CTRL:  
 DEPENDENT 4 SSN:  
 PTIN:  
 PREPARER EIN:

## Income

Income	\$47,636.00
WAGES, SALARIES, TIPS, ETC:	\$0.00
TAXABLE INTEREST INCOME: SCH B:	\$0.00
TAX-EXEMPT INTEREST:	\$0.00
ORDINARY DIVIDEND INCOME: SCH B:	\$0.00
QUALIFIED DIVIDENDS:	\$0.00
REFUNDS OF STATE/LOCAL TAXES:	\$0.00
ALIMONY RECEIVED:	\$0.00
BUSINESS INCOME OR LOSS (Schedule C):	\$0.00
BUSINESS INCOME OR LOSS: SCH C PER COMPUTER:	\$0.00
CAPITAL GAIN OR LOSS: (Schedule D):	\$0.00
CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:	\$0.00
OTHER GAINS OR LOSSES (Form 4797):	\$0.00
TOTAL IRA DISTRIBUTIONS:	\$0.00
TAXABLE IRA DISTRIBUTIONS:	\$0.00
TOTAL PENSIONS AND ANNUITIES:	\$0.00
TAXABLE PENSION/ANNUITY AMOUNT:	\$0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E):	\$0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER:	\$0.00
ESTATE/TRUST INCOME/LOSS PER COMPUTER:	\$0.00
PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER:	\$0.00
FARM INCOME OR LOSS (Schedule F):	\$0.00
FARM INCOME OR LOSS (Schedule F) PER COMPUTER:	\$0.00
UNEMPLOYMENT COMPENSATION:	\$0.00
TOTAL SOCIAL SECURITY BENEFITS:	\$0.00
TAXABLE SOCIAL SECURITY BENEFITS:	\$0.00
TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:	\$0.00
OTHER INCOME:	\$0.00
SCHEDULE EIC SE INCOME PER COMPUTER:	\$0.00
SCHEDULE EIC EARNED INCOME PER COMPUTER:	\$0.00
SCH EIC DISQUALIFIED INC COMPUTER:	\$47,636.00
TOTAL INCOME:	\$47,636.00
TOTAL INCOME PER COMPUTER:	\$47,636.00

## Adjustments to Income

Adjustments to Income	\$0.00
EDUCATOR EXPENSES:	\$0.00
EDUCATOR EXPENSES PER COMPUTER:	\$0.00
RESERVIST AND OTHER BUSINESS EXPENSE:	\$0.00
HEALTH SAVINGS ACCT DEDUCTION:	\$0.00

Case 18-33158-JKS

Exhibit (H)

HEALTH SAVINGS ACCT DEDUCTION PER COMPTR:	\$0.00
MOVING EXPENSES: F3903:	\$0.00
SELF EMPLOYMENT TAX DEDUCTION:	\$0.00
SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER:	\$0.00
SELF EMPLOYMENT TAX DEDUCTION VERIFIED:	\$0.00
KEOGH/SEP CONTRIBUTION DEDUCTION:	\$0.00
SELF-EMP HEALTH INS DEDUCTION:	\$0.00
EARLY WITHDRAWAL OF SAVINGS PENALTY:	\$0.00
ALIMONY PAID SSN:	\$0.00
ALIMONY PAID:	\$0.00
IRA DEDUCTION:	\$0.00
IRA DEDUCTION PER COMPUTER:	\$0.00
STUDENT LOAN INTEREST DEDUCTION:	\$0.00
STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:	\$0.00
STUDENT LOAN INTEREST DEDUCTION VERIFIED:	\$0.00
TUITION AND FEES DEDUCTION:	\$0.00
TUITION AND FEES DEDUCTION PER COMPUTER:	\$0.00
DOMESTIC PRODUCTION ACTIVITIES DEDUCTION:	\$0.00
DOMESTIC PRODUCTION ACTIVITIES DEDUCTION PER COMPUTER:	\$0.00
OTHER ADJUSTMENTS:	\$0.00
ARCHER MSA DEDUCTION:	\$0.00
ARCHER MSA DEDUCTION PER COMPUTER:	\$0.00
TOTAL ADJUSTMENTS:	\$0.00
TOTAL ADJUSTMENTS PER COMPUTER:	\$47,636.00
ADJUSTED GROSS INCOME:	\$47,636.00
ADJUSTED GROSS INCOME PER COMPUTER:	\$47,636.00

## Tax and Credits

65-OR-OVER:	NO
BLIND:	NO
SPOUSE 65-OR-OVER:	NO
SPOUSE BLIND:	\$6,350.00
STANDARD DEDUCTION PER COMPUTER:	\$0.00
ADDITIONAL STANDARD DEDUCTION PER COMPUTER:	\$41,286.00
TAX TABLE INCOME PER COMPUTER:	\$4,050.00
EXEMPTION AMOUNT PER COMPUTER:	\$37,236.00
TAXABLE INCOME:	\$37,236.00
TAXABLE INCOME PER COMPUTER:	\$47,636.00
TOTAL POSITIVE INCOME PER COMPUTER:	\$5,118.00
TENTATIVE TAX:	\$5,118.00
TENTATIVE TAX PER COMPUTER:	\$0.00
FORM 8814 ADDITIONAL TAX AMOUNT:	\$0.00
TAX ON INCOME LESS SOC SEC INCOME PER COMPUTER:	\$0.00
FORM 6251 ALTERNATIVE MINIMUM TAX:	\$0.00
FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER:	\$0.00
FOREIGN TAX CREDIT:	\$0.00
FOREIGN TAX CREDIT PER COMPUTER:	\$0.00
FOREIGN INCOME EXCLUSION PER COMPUTER:	\$0.00
FOREIGN INCOME EXCLUSION TAX PER COMPUTER:	\$0.00
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT AMOUNT:	\$0.00
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT VERIFIED AMOUNT:	\$0.00
CHILD & DEPENDENT CARE CREDIT:	\$0.00
CHILD & DEPENDENT CARE CREDIT PER COMPUTER:	\$0.00
CREDIT FOR ELDERLY AND DISABLED:	\$0.00
CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:	\$0.00
EDUCATION CREDIT:	\$0.00
EDUCATION CREDIT PER COMPUTER:	\$0.00
GROSS EDUCATION CREDIT PER COMPUTER:	\$0.00
RETIREMENT SAVINGS CNTRB CREDIT:	\$0.00
RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER:	\$0.00
PRIM RET SAV CNTRB: F8880 LN6A:	\$0.00
SEC RET SAV CNTRB: F8880 LN6B:	\$0.00
TOTAL RETIREMENT SAVINGS CONTRIBUTION: F8880 CMPTR:	\$0.00
RESIDENTIAL ENERGY CREDIT:	\$0.00
RESIDENTIAL ENERGY CREDIT PER COMPUTER:	\$0.00
CHILD TAX CREDIT:	\$0.00
CHILD TAX CREDIT PER COMPUTER:	\$0.00
ADOPTION CREDIT: F8839:	\$0.00
ADOPTION CREDIT PER COMPUTER:	\$0.00
FORM 8396 MORTGAGE CERTIFICATE CREDIT:	\$0.00
FORM 8396 MORTGAGE CERTIFICATE CREDIT PER COMPUTER:	\$0.00
F3800, F8801 AND OTHER CREDIT AMOUNT:	\$0.00
FORM 3800 GENERAL BUSINESS CREDITS:	\$0.00
FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER:	\$0.00
PRIOR YR MIN TAX CREDIT: F8801:	\$0.00
PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER:	\$0.00
F8936 ELECTRIC MOTOR VEHICLE CREDIT AMOUNT:	\$0.00
F8936 ELECTRIC MOTOR VEHICLE CREDIT PER COMPUTER:	\$0.00
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT AMOUNT:	\$0.00
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT PER COMPUTER:	\$0.00
OTHER CREDITS:	\$0.00
TOTAL CREDITS:	\$5,118.00
TOTAL CREDITS PER COMPUTER:	\$5,118.00
INCOME TAX AFTER CREDITS PER COMPUTER:	\$5,118.00

## Other Taxes

SE TAX:	\$0.00
SE TAX PER COMPUTER:	\$0.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS:	\$0.00

Case 18-33158-JKS

exhibit (3)  
(#)

SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER:.....\$0.00  
 TAX ON QUALIFIED PLANS F5329 (PR):.....\$0.00  
 TAX ON QUALIFIED PLANS F5329 PER COMPUTER:.....\$0.00  
 IRAF TAX PER COMPUTER:.....\$5,118.00  
 TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER:.....\$5,118.00  
 IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER:.....\$0.00  
 OTHER TAXES PER COMPUTER:.....\$0.00  
 UNPAID FICA ON REPORTED TIPS:.....\$0.00  
 OTHER TAXES:.....\$0.00  
 RECAPTURE TAX: F8611:.....\$0.00  
 HOUSEHOLD EMPLOYMENT TAXES:.....\$0.00  
 HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER:.....\$0.00  
 HEALTH CARE RESPONSIBILITY PENALTY:.....\$0.00  
 HEALTH CARE RESPONSIBILITY PENALTY VERIFIED:.....\$0.00  
 HEALTH COVERAGE RECAPTURE: F8885:.....\$0.00  
 RECAPTURE TAXES:.....\$5,118.00  
 TOTAL ASSESSMENT PER COMPUTER:.....\$5,118.00  
 TOTAL TAX LIABILITY TP FIGURES:.....\$5,118.00  
 TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:.....\$5,118.00

## Payments

FEDERAL INCOME TAX WITHHELD:.....\$4,475.00  
 HEALTH CARE: INDIVIDUAL RESPONSIBILITY:.....\$0.00  
 HEALTH CARE FULL-YEAR COVERAGE INDICATOR:.....1  
 ESTIMATED TAX PAYMENTS:.....\$0.00  
 OTHER PAYMENT CREDIT:.....\$0.00  
 REFUNDABLE EDUCATION CREDIT:.....\$0.00  
 REFUNDABLE EDUCATION CREDIT PER COMPUTER:.....\$0.00  
 REFUNDABLE EDUCATION CREDIT VERIFIED:.....\$0.00  
 EARNED INCOME CREDIT:.....\$0.00  
 EARNED INCOME CREDIT PER COMPUTER:.....\$0.00  
 EARNED INCOME CREDIT NONTAXABLE COMBAT PAY:.....\$0.00  
 SCHEDULE 8812 NONTAXABLE COMBAT PAY:.....\$0.00  
 EXCESS SOCIAL SECURITY & RRTA TAX WITHHELD:.....\$0.00  
 SCHEDULE 8812 TOT SS/MEDICARE WITHHELD:.....\$0.00  
 SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT:.....\$0.00  
 SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER:.....\$0.00  
 SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED:.....\$0.00  
 AMOUNT PAID WITH FORM 4868:.....\$0.00  
 FORM 2439 REGULATED INVESTMENT COMPANY CREDIT:.....\$0.00  
 FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS:.....\$0.00  
 FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS PER COMPUTER:.....\$0.00  
 HEALTH COVERAGE TX CR: F8885:.....\$0.00  
 PREMIUM TAX CREDIT AMOUNT:.....\$0.00  
 PREMIUM TAX CREDIT VERIFIED AMOUNT:.....\$0.00  
 PRIMARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:.....\$0.00  
 SECONDARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:.....\$0.00  
 FIRST TIME HOMEBUYER CREDIT REPAYMENT AMOUNT:.....\$0.00  
 FORM 5405 TOTAL HOMEBUYERS CREDIT REPAYMENT PER COMPUTER:.....\$0.00  
 SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER:.....\$0.00  
 SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER (2):.....\$0.00  
 FORM 2439 AND OTHER CREDITS:.....\$4,475.00  
 TOTAL PAYMENTS:.....\$4,475.00  
 TOTAL PAYMENTS PER COMPUTER:.....\$4,475.00

## Refund or Amount Owed

AMOUNT YOU OWE:.....\$643.00  
 APPLIED TO NEXT YEAR'S ESTIMATED TAX:.....\$0.00  
 ESTIMATED TAX PENALTY:.....\$0.00  
 TAX ON INCOME LESS STATE REFUND PER COMPUTER:.....\$0.00  
 BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:.....\$643.00  
 BAL DUE/OVER PYMT USING COMPUTER FIGURES:.....\$0.00  
 FORM 8888 TOTAL REFUND PER COMPUTER:.....\$0.00

## Third Party Designee



THIRD PARTY DESIGNEE ID NUMBER:.....0  
 AUTHORIZATION INDICATOR:.....  
 THIRD PARTY DESIGNEE NAME:.....

Form 8863 - Education Credits (Hope and Lifetime Learning Credits)

## PART III - ALLOWABLE EDUCATION CREDITS

GROSS EDUCATION CR PER COMPUTER:.....\$0.00  
 TOTAL EDUCATION CREDIT AMOUNT:.....\$0.00  
 TOTAL EDUCATION CREDIT AMOUNT PER COMPUTER:.....\$0.00  
 This Product Contains Sensitive Taxpayer Data

*Filed Sup Exhibit*  
*Case 18-33158 JKS*

*Exhibit*   
(H) 



# 2017 Income Tax Return

## Federal Return

Thank you for using  
FreeTaxUSA.com to prepare your  
2017 income tax return.

You can view the status of your e-filed tax return by  
signing in to your account at [www.freetaxusa.com](http://www.freetaxusa.com).

2018 tax preparation on FreeTaxUSA.com will be  
available starting in January of 2019.

We look forward to preparing your 2018 tax return.

Case 18-33158-JKS

Exhibit (H)

<b>Form</b>	<b>1040</b>	Department of the Treasury—Internal Revenue Service <b>U.S. Individual Income Tax Return</b>	(99)	<b>2017</b>	OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.																														
For the year Jan. 1–Dec. 31, 2017, or other tax year beginning , 2017, ending , 20																																			
Your first name and initial <b>EVELYN</b>		Last name <b>MATHIS</b>		See separate instructions.																															
If a joint return, spouse's first name and initial		Last name		Your social security number <b>146   70   1676</b>																															
Home address (number and street). If you have a P.O. box, see instructions. <b>75 S HARRISON ST</b>		Apt. no.		Spouse's social security number <b>137   72   5931</b>																															
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>EAST ORANGE, NJ 07018</b>				Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse																															
Foreign country name		Foreign province/state/county		Foreign postal code																															
<b>Filing Status</b>																																			
1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input checked="" type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. <b>WILLIE MATHIS</b> 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 <input type="checkbox"/> Qualifying widow(er) (see instructions)																																			
Check only one box.																																			
<b>Exemptions</b>																																			
6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. b <input type="checkbox"/> Spouse																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">c Dependents:</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)</th> </tr> <tr> <th>(1) First name</th> <th>Last name</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> </tbody> </table>						c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)	(1) First name	Last name								<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>
c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)																															
(1) First name	Last name																																		
				<input type="checkbox"/>																															
				<input type="checkbox"/>																															
				<input type="checkbox"/>																															
				<input type="checkbox"/>																															
If more than four dependents, see instructions and check here <input type="checkbox"/>																																			
d Total number of exemptions claimed <b>1</b>																																			
<b>Income</b>																																			
7 Wages, salaries, tips, etc. Attach Form(s) W-2																																			
8a Taxable interest. Attach Schedule B if required																																			
b Tax-exempt interest. Do not include on line 8a																																			
9a Ordinary dividends. Attach Schedule B if required																																			
b Qualified dividends																																			
10 Taxable refunds, credits, or offsets of state and local income taxes																																			
11 Alimony received																																			
12 Business income or (loss). Attach Schedule C or C-EZ																																			
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>																																			
14 Other gains or (losses). Attach Form 4797																																			
15a IRA distributions																																			
16a Pensions and annuities																																			
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E																																			
18 Farm income or (loss). Attach Schedule F																																			
19 Unemployment compensation																																			
20a Social security benefits																																			
21 Other income. List type and amount																																			
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income <b>47,636.</b>																																			
<b>Adjusted Gross Income</b>																																			
23 Educator expenses																																			
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ																																			
25 Health savings account deduction. Attach Form 8889																																			
26 Moving expenses. Attach Form 3903																																			
27 Deductible part of self-employment tax. Attach Schedule SE																																			
28 Self-employed SEP, SIMPLE, and qualified plans																																			
29 Self-employed health insurance deduction																																			
30 Penalty on early withdrawal of savings																																			
31a Alimony paid b Recipient's SSN																																			
32 IRA deduction																																			
33 Student loan interest deduction																																			
34 Tuition and fees. Attach Form 8917																																			
35 Domestic production activities deduction. Attach Form 8903																																			
36 Add lines 23 through 35																																			
37 Subtract line 36 from line 22. This is your adjusted gross income <b>0.</b>																																			

Form 1040 (2017) EVELYN MATHIS

**Tax and Credits**

**Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.  
• All others:  
Single or Married filing separately, \$6,350  
Married filing jointly or Qualifying widow(er), \$12,700  
Head of household, \$9,350

38	Amount from line 37 (adjusted gross income)	38	47,636.
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
	if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. checked <input type="checkbox"/> 39b		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,350.
41	Subtract line 40 from line 38	41	41,286.
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	4,050.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	37,236.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	5,118.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	5,118.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	0.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	5,118.
57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	5,118.

**Other Taxes**

**Payments**

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	4,475.
65	2017 estimated tax payments and amount applied from 2016 return	65	
66a	Earned income credit (EIC) NO.	66a	
b	Nontaxable combat pay election 66b		
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	4,475.

**Refund**

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
77	Amount of line 75 you want applied to your 2018 estimated tax	77	
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	643.

**Amount You Owe**

79	Estimated tax penalty (see instructions)	79	
----	------------------------------------------	----	--

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No		
Designee's name	Phone no.	Personal identification number (PIN)

**Sign Here**

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation CLERK	Daytime phone number 973-609-3490
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature SELF - PREPARED	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN	Phone no.		

Fill in this information to identify your case:

Debtor 1 Willie Lee Mathis  
First Name Middle Name Last Name

Debtor 2 Evelyn Evelyn Mathis  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: \_\_\_\_\_ District of New Jersey

Case number 18-33158-JKS  
(if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.  
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim Priority amount Nonpriority amount

2.1 Internal Revenue Service  
Priority Creditor's Name  
P.O. Box 7346  
Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☒ Other. Specify tax return Self Joint

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.2 IRS Division of taxation  
Priority Creditor's Name  
P.O. Box 2445  
Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☒ Other. Specify Store Sale tax (Mammy's Sweetshop)

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

9113.61 9113.61  
2009 - Self Evelyn - 1310.71  
2014 - Self Evelyn - 3053.49  
2015 - Joint - 1165.36  
2016 - Joint - 2941.00  
2017 - Self Evelyn - 643.00

Debtor 1 Willie Lee Watkins  
First Name Middle Name Last Name

Case number (if known) 18-33158-JKS  
exhibit (F)

**Part 1: Your PRIORITY Unsecured Claims — Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim Priority amount Nonpriority amount

2.3 NJ Division of Revenue & Enterprise Last 4 digits of account number 2473 \$ 320.62 \$ 320.62  
Priority Creditor's Name

33 in State St  
Number Street

Trenton NJ 08608  
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☒ Other. Specify Eric Fine

2.4 \_\_\_\_\_ Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Priority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No  
☐ Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

2.5 \_\_\_\_\_ Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Priority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No  
☐ Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Debtor 1 Willie Lee Mathis  
First Name Middle Name Last Name

Case number (filing) 18-33158-JKS

exhibit (I)

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

4.1 Atlantic Medical Group  
Nonpriority Creditor's Name  
P.O. Box 416457  
Number Street  
Boston MA 02241  
City State ZIP Code

Last 4 digits of account number 3852

\$ 629.62

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Medical Bill

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.2 Credit Acceptance Corp  
Nonpriority Creditor's Name  
P.O. Box 5020  
Number Street  
Southfield MI 48086  
City State ZIP Code

Last 4 digits of account number 8102

\$ 16,484.30

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Car loan

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.3 Direct TV  
Nonpriority Creditor's Name  
P.O. Box 551268  
Number Street  
Jacksonville FL 32255  
City State ZIP Code

Last 4 digits of account number 3046

\$ 415.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Cable tv

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor 1

Willie Lee Mathis  
First Name Middle Name Last Name

Case number (if known) 18-33158-JKS

Part 2

Your NONPRIORITY Unsecured Claims – Continuation Page

exhibit (I)

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.4

East Orange Water Commission  
Nonpriority Creditor's Name  
99 S Grove St  
Number Street  
East Orange NJ 07018  
City State ZIP Code

Last 4 digits of account number 0100

\$ 543.16

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify water bill

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.5

Elizabethtown Gas Company  
Nonpriority Creditor's Name  
P.O. Box 11811  
Number Street  
Newark NJ 07101  
City State ZIP Code

Last 4 digits of account number 8422

\$ 494.22

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Gas Company (monthly payment)

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.6

GLS Global Lending Service  
Nonpriority Creditor's Name  
P.O. Box 10437  
Number Street  
Greenville SC 29603  
City State ZIP Code

Last 4 digits of account number 9598

\$ 25,333.17

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Car loan

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor 1

Willie Lee Mathis  
First Name Middle Name Last Name

Case number (if known)

18-33158-JKS

exhibit (I)

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.7** Jacquelin Baez (c/o Westenko law firm) Last 4 digits of account number \_\_\_\_\_ \$ 75,000.00  
Nonpriority Creditor's Name  
851 Carolan Lane  
Number Street  
North Brunswick NJ 08902  
City State ZIP Code  
Who incurred the debt? Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
Is the claim subject to offset?  
☒ No  
☐ Yes  
When was the debt incurred? \_\_\_\_\_  
As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify \_\_\_\_\_

**4.8** PSEG Last 4 digits of account number 5409 \$ 578.86  
Nonpriority Creditor's Name  
P.O. Box 14444  
Number Street  
New Brunswick NJ 08906  
City State ZIP Code  
Who incurred the debt? Check one.  
☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
Is the claim subject to offset?  
☐ No  
☐ Yes  
When was the debt incurred? \_\_\_\_\_  
As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Service Contract

**4.9** PSEG Last 4 digits of account number 8818 \$ 288.15  
Nonpriority Creditor's Name  
P.O. Box 14444  
Number Street  
New Brunswick NJ 08906  
City State ZIP Code  
Who incurred the debt? Check one.  
☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
Is the claim subject to offset?  
☐ No  
☐ Yes  
When was the debt incurred? \_\_\_\_\_  
As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Mummy's Sweet Shop Electric

Debtor 1

Willie Lee Mathis  
First Name Middle Name Last Name

Case number (if known)

18-33158-JKS

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

exhibit (I)

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.10

Verizon  
Nonpriority Creditor's Name  
P.O. Box 920041  
Number Street  
Dallas Tx 75392  
City State ZIP Code

Last 4 digits of account number 2606 \$ 580.02

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Mommy's Sweet Shop internet

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.11

Easy Pay / Duvera  
Nonpriority Creditor's Name  
2701 Laker Ave W  
Number Street  
Carlsbad CA 92008  
City State ZIP Code

Last 4 digits of account number 0981 \$ 108.2

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify furniture

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.12

Easy Pay / Duvera  
Nonpriority Creditor's Name  
2701 Laker Ave W  
Number Street  
Carlsbad CA 92008  
City State ZIP Code

Last 4 digits of account number 0981 \$ 99.4

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify car repairs

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor 1 Willie Lee Mathis  
First Name Middle Name Last Name

Case number (if known) 18-33158-JKS

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

exhibit (F)

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.3

(Arrow Financial Ser)

LVNK Collections  
Nonpriority Creditor's Name  
P.O. Box 3038  
Number Street  
Evansville IN 47730  
City State ZIP Code

Last 4 digits of account number \_\_\_\_\_

\$5006.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify the debt

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another  
  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.4

Saw Roebuck and Company  
Nonpriority Creditor's Name  
3333 Beverly Rd  
Number Street  
Hoffman Estates IL 60079  
City State ZIP Code

Last 4 digits of account number \_\_\_\_\_

\$1594.48

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify the Furniture

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another  
  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Nonpriority Creditor's Name  
\_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State ZIP Code

Last 4 digits of account number \_\_\_\_\_

\$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another  
  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor 1

Willie Lee Mathews  
First Name Middle Name Last Name

Case number (if known)

18-33158-JKS

exhibit (I)

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Debtor 1

Willie Lee Mathis  
First Name Middle Name Last Name

Case number (if known) 18-33158-JKS

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

exhibit (I)

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.  
Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ <u>0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. \$ <u>33,791.14</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ <u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ <u>0.00</u>
	6e. Total. Add lines 6a through 6d.	6e. <u>\$ 33,791.14</u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. \$ <u>0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <u>0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ <u>131,618.96</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$ 131,618.96</u>